APPLICATION FOR				OMB A	pproval No. 0348-00
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 26, 2002		Applicant Identifier	
1. TYPE OF SUBMISSION: Application Construction Non-Construction	Preapplication	3. DATE RECEIVED B'	annionum travolusionum un un cresconom investezione della emilia emilia emilia	State Application Identifier Federal Identifier	
5. APPLICANT INFORMATION		D. C.		WALLES AND THE PROPERTY OF T	
Legal Name: Walnut Grove Parti	iers, L.P.		Organizational Unit: Project	: Development	
Address (give city, county, State 250 North Harbor D Redondo Beach, C. Los Angeles Count	rive, Suite 319 A 90277			number of person to be contact area code) Frank Fonsec: 310-798-5656	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	n managan gan ana and a chaolad di Mikhard (Mikhard (Mikhar) and and an ana dali (managan and an an an an an a	7. TYPE OF APPLIC	ANT: (enter appropriate letter in	box)
03-0423	3 2 3 7		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution a	f Higher Leaming
X Ne	w Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate let			D. Township E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Pro	neria li ina
	crease Award C. Increase (specify):	Ouration	G. Special District	Partner	Ship
B. Bostoado Beration Guidi	(apouny).		9. NAME OF FEDER USDA	THE REPORT OF THE PROPERTY OF	Edus Participant (1976), and first few productions (1984) (1976)
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE T	TLE OF APPLICANT'S PROJE	Marie I
	L	10-415	Walnut Gro	ve Senjor Apartments	
	tal Housing Loan	mente de la companya	,	I If therein after annual	
12. AREAS AFFECTED BY PR Clearlake, Lake Cour		tes, etc.):		APR 3 0 2002	
13. PROPOSED PROJECT	14. Congressional dis	TRICTS OF:	ST	ATE CLEARING HOUSE	No. constraint of the Constrai
Start Date	a. Applicant 29		b. Project		
15. ESTIMATED FUNDING:		end treatment of constructions of end-6 metapolitic brooks and development could	16. IS APPLICATION ORDER 12372 P	I SUBJECT TO REVIEW BY ST.	ATE EXECUTIVE
a. Federal	\$ 1,735,500	.00	ORDER 12372 P	(UCE33?	
USDA, HOME, AHP b. Applicant		.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372		
LP Investor	3,267,179 s	00	PROCESS	FOR REVIEW ON:	
d. Local	5	90	DATE		
			,	AM IS NOT COVERED BY E. O. GRAM HAS NOT BEEN SELEC	
e Other Def. Dev. Fee/ Borrower Contribution	·		FOR RE		TED BY STATE
f. Program Income	€9	.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FED	ERAL DEBT?
g. TOTAL	^S 5,125,500	.00	Yes H"Yes,"	attach an explanation.	X No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH		TION ARE TRUE AND CORRECT HE APPLICANT WILL COMPLY	
a. Type Name of Authorized Rep Frank Fonseca	, and a second	b. Title Manager Clearlake Develo	pers II, LLC-G.F	c. Telephone Number 310-798-5656	HALLIN AKTYOO TAKATYABTLASHLA HEQUIQUA AKANAYII TAY ILTIKA KAKALAKAKAKII TE EMA
d. Signature of Authorized Repre	sentative	THE RESIDENCE OF THE PROPERTY		e. Date Signed	002

Previous Edition Usable Authorized for Local Reproduction



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X575-11
Budget Number:	16 - Budget Pending Approval
Project Information:	MOS-3 Metro Red Line

Part 1: Recipient Information

Project Number:	CA-90-X575-11
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	1
City:	LOS ANGELES, CA 90026 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	



Part 2: Project Information

Project Type:	Grant			
Project Number:	CA-90-X575-11			
Project Description:	MOS-3 Metro Red Line			
Recipient Type:	Transit Authority			
FTA Project Mgr:	Ray Tellis			
Recipient Contact:	Charlene Lee Lorenzo/Brian Boudreau			
New/Amendment:	Amendment			
Amend Reason:	Increase Award			
Fed Dom Asst. #:	20507			
Sec. of Statute:	5307			
State Appl. ID:	07LA29202X			
Start/End Date:	-			
Recvd. By State:	Apr. 18, 2002			
EO 12372 Rev:	YES			
Review Date:	Mar. 15, 2002			
Planning Grant?:	NO			
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001			
Program Page:	152			
Application Type:	Electronic			
Supp. Agreement?:	Yes			
Debt. Delinq. Details:				

\$20,121,10
\$0
\$20,121,10
\$16,096,881
\$0
\$4,024,220
\$0
\$0
None
None Specified
None Specified
None Specified
Yes
No
No

<u>Urbanized Areas</u>

UZA ID	UZA Name
60020	LOS ANGELES, CA

APPLICATION FOR			OMB Approval No. 03
FEDERAL ASSISTANCE	2. DATE SUBMIT	TED	Applicant Identifier
4 707	4-25-200		Tulare County Fire Depar
1. TYPE OF SUBMISSION:	3. DATE RECEIV	ED BY STATE	State Application Identifier
Application Preapplication			
Construction Construction		ED BY FEDERAL AGENCY	Federal Identifier
Non-Construction Non-Construct 5. APPLICANT INFORMATION	ion		
Legal Name:			
Tulare County		Organizational Unit:	
Address (give city, county, State, and zip code):		Fire Departm	ment
1968 South Lovers Lane		this application (give an	umber of person to be contacted on matters in
Visalia, CA 93292		1	·
			(559) 732-5057
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
94 -6 0005 4 5		A State	IB
B. TYPE OF APPLICATION:			1. Independent School Dist.
New Continuation	n Revision	C. Municipal	. State Controlled Institution of Higher Learnin I. Private University
			(. Indian Tribe
If Revision, enter appropriate letter(s) in box(es)			Individual
A. Increase Award B. Decrease Award C. Inc	rease Duration		Profit Organization
D. Decrease Duration Other(specify):	rease Duration	G. Special District N	I. Other (Specify)
		9. NAME OF FEDERAL	ACENCY:
		3. ITAME OF TEBLIORE	AGENCY,
10. CATALOG OF FEDERAL DOMESTIC ASSISTANC	E NUMBER:	USDA United St	ates Department of Agricul EOFAPPLCANT'S PROJECT:
•		The Descriptive Title	OF APPLICANT'S PROJECT:
		6 MEGA	
TITLE:Community Facilities Lo	ans and Grants	West Handly offer to	nd Energy efficiency for
12. AREAS AFFECTED BY PROJECT (Cities, Counties,	States, etc.):	Community	Conference and Access
Earlimart, Tulare County, CA		IIIII ADD A	The Man of the Control of the Contro
3. PROPOSED PROJECT 14. CONGRESSIONAL	DISTRICTS OF	HUU AFA 3.0	2002
	2.011.01.01.		
itart Date Ending Date a. Applicant		CTASE OF	
0-1-02 9-30-03 Distric	t 20	STATE CLEARIN	AGHEAISE
S. ESTIMATED FUNDING:		16. IS APPLICATION SUE	BJECT TO REVIEW BY STATE EXECUTIVE
		ORDER 12372 PROC	
Federal \$	00		
Applicant \$	12,100	a. YES. THIS PREAPPL	ICATION/APPLICATION WAS MADE
•	9,900	AVAILABLE TO	THE STATE EXECUTIVE ORDER 12372
State \$	00	PROCESS FOR	REVIEW ON:
	•	DATE 4-25-	2002
Local \$	00		The state of the s
215		b. No. PROGRAM IS	NOT COVERED BY E. O. 12372
Other S	,00	OR PROGRAM	M HAS NOT BEEN SELECTED BY STATE
Program Income \$		FOR REVIEW	
rogram (ncome \$	00		
TOTAL 3	00	{	ELINQUENT ON ANY FEDERAL DEBT?
	22.000	Yes If "Yes," attach	
TO THE BEST OF MY KNOWLEDGE AND BELIEF, AI	LL DATA IN THIS APPLIC	CATION/PREAPPLICATION	ARE TRUE AND COCCES
THE G	UYEKNING BODY OF TH	E APPLICANT AND THE AP	PLICANT WILL COMPLY MUTHER
THE ASSISTANCE IS AW	ARDED.	, , , , , , , , , , , , , , , , , , ,	WILL COMPLET WITH THE
ype Name of Authorized Representative vid Hillman	b. Title	c. Te	lephone Number
unature of Authorized Representance	Chief		(5 5 9) 0732-5954
O Committee Cathedentalive		e. Da	te Signed
nous Edition Usable	<u> </u>		リロスロン

Application for Federal Assistance



		2. Date Submitted (mi 04/22/2002	m/dd/yyyy) !	Applicant Identifier
• •	Type of Submission 3. Date Received by St.		State (mm/dd/yyyy)	State Application Identifier
K Construction	Pre-application	* *	Tada and Anna and Anna (Add Comp.)	F. da will de parte :
Non-Constr		,	ederal Agency (mm/dd/yyyy)	Federal Identifier
5. Applicant Informat				
egal Name San Carlos	Development Corp	oration	Organizational Unit California non-	profit public benefit corpora
707 Elm Str			application (give area code)	of the person to be contacted on matters involving this
P.O. Box 13			Robert J. Ravano	o, President
San Carlos, California	San Mateo Count		(650) 595–1500	
			V E D	
	ation Number (EIN) (xx-yyyyyy	* 	11 (11)	er appropriate letter in box)
94	3165510	100 APR 29 20	A. State	J. Private University
3. Type of Application		I.	C. Municipal	K. Indian Tribe L. Individual
→ New	Continuation Rev	SION CITATE OF THE	D. Township	M. Profit Organization
If Revision, e	nter appropriate letter(s) in	SALA LE CLEARING	E. Interstate	N Nonprofit O Public Housing Agency
	•		- Special pistrict	P. Other (Specify)
A. Increase A	Nward B. Decrease Awa Duration Other (specify)	rd C. Increase Duration	H. Independent School Dis I. State Controlled Institution	
D. Decrease	Duration Other (specify)		9. Name of Federal Agency	
·			See attached	
0. Catalog of Federa	l Domestic Assistance Numbe		11. Descriptive Title of Applic	•
Title: Manual and	·	14 — 129	San Carlos Elr	
Mortga	ge Insurance			ential Care Facility
				n Carlos, California
	Project (cities, counties, States Carlos, San Mate			Form HUD-92013 and location ther description
3. Proposed Project		14. Congressional Districts of		
tart Date (mm/dd/yyy)		a. Applicant		b. Project
07/01/2002	09/01/2003	California - 1	.4	California - 14
5. Estimated Fund	ding		16. Is Application Subject	t to Review by State Executive
Federal	\$.00	Order 12372 Process	
Applicant	s	.00	a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on:	
. State	\$.00	Date (mm/dd/yyyy)04/22/2002	
. Local	s	.00	b. No Program is not covered by E.O. 12372	
	\$.00		or Program has not been selected by State for review.	
Other	\$.00	or	
		.00	17. Is the Applicant Delin	quent on Any Federal Debt? cach an explanation [汉] No
Program Income	s see attached	.00	17. Is the Applicant Delin Yes If "Yes," att	quent on Any Federal Debt? ach an explanation 🔀 No
Program Income Total 8. To the best of uthorized by the	\$ see attached my knowledge and beli- governing body of the ap	.00 .00 ef, all data in this application plicant and the applicant w	17. Is the Applicant Delin Yes If "Yes," att	e and correct, the document has been duly ed assurances if the assistance is awarded.
Program Income Total 8. To the best of uthorized by the Typed Name of Authorized J. Ra	\$ see attached my knowledge and beli- governing body of the ap- prized Representative	.00 d .00 ef, all data in this applicati	17. Is the Applicant Delin Yes If "Yes," att on/pre-application are tru ill comply with the attach	e and correct, the document has been duly ed assurances if the assistance is awarded.
Program Income Total To the best of uthorized by the Typed Name of Authorized Program	\$ see attached my knowledge and beliqued for the apprized Representative tvano	.00 i.00 ef, all data in this application of the applicant with the	17. Is the Applicant Delin Yes If "Yes," att on/pre-application are tru ill comply with the attach	e and correct, the document has been duly ed assurances if the assistance is awarded.

Previous Edition Usable (7/97)

Standard Form 424

FEDERA	L ASSIST	ANCE	2. DATE SUBMITTED		Applicant Identifier	Approval No. 0348
4			4/19/02			
1. TYPE OF S	UBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifie	
Application Constru	ection	Preapplication				11
Non-Cor		Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
	INFORMATIO	Non-Construction				
Legal Name:	IN ORMATIO	·N				
1 -	~~\\n+++	of Vontage		Organizational Unit:		
Address (give	ofth south Sta	of Ventura fe, and zip code):		Co	unty Executi	ve Office
County	of Ven	itura, County E	vec Office	Name and telephone	number of person to be con	tacted on matter
800 S.	Victor	ia Avenue L#	1940	this application (give a	<i>rea∞de)</i> Paul De	erse
Ventur	a, CA	93009	1310		(805) 66	52-6792
6. EMPLOYER	IDENTIFICATI	ON NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate lette	
9 5 –	-600	0 9 4 4			чч . (өткөг арргорпаке төкк	
8. TYPE OF AP				A. State	H. Independent School Dis	В
o. TIPE UF AP				B. County	I. State Controlled Institution	on of Higher Learning
	X Ne	w Continuation	Revision	C. Municipal	J. Private University	- v stringtion Localiting
If Revision, ente	er appropriate le	etter(s) in box(es)	ו רח	i	K. Indian Tribe	
			J []	1	L. Individual	
A. Increase A		crease Award C. Increase	e Duration	1 .	M. Profit Organization	
D. Decrease D	Ouration Other	(specify):		C. Opedar District	N. Other (Specify)	
			•	9. NAME OF FEDERA	L AGENCY:	
						1
				USDA Rur	al Developmer	nt
10. CATALOG (OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER: P O P		LE OF APPLICANT'S PRO	
Commun	ity Fac	ilities	Ind is to also	VEDI		JULO I.
			la range	Oak View	School	
12. AREAS AFF	ECTED BY PR	Direct Loan OJECT (Cities, Counties, Sta Oak View	addition of	Acquisit	ion & Improve	mant
Commu	nity of	Oak View	res ere. APR 2			menc
Ventui	ca Count	y, California				
3. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	RICTS OF OLD A	THO HOUSE		
Start Date	F - 1 - 5 -		ISTATE CLEAR	KING HOUSE		
12/02	Ending Date 12/03	a. Applicant		b. Project		
5. ESTIMATED		23rd &**	24th	24th		
J. ESTIMATED	FUNDING:			16. IS APPLICATION S	UBJECT TO REVIEW BY	STATE EXECUTIVE
. Federal		Ι.	00	ORDER 12372 PRO	CESS?	
. i cuciai		1,300,				
Applicant		\$	00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MAD		
		*	•	AVAILABLE T	O THE STATE EXECUTIV	E ORDER 12372
State		\$	00	PROCESS FO	OR REVIEW ON:	
Local				DATE $\frac{4}{2}$	25/02	
Local		\$.00	- T/ A	/	
Other				b. No. PROGRAM	IS NOT COVERED BY E.	O 12372
Outer		\$.00	☐ OR PROGR	AM HAS NOT BEEN SELE	CTED BY STATE
orogram Income		6		FOR REVIE	W	
rogram moonie		\$.00			
TOTAL		\$	00	17. IS THE APPLICANT	DELINQUENT ON ANY F	EDERAL DEBT?
1,300,000		000 .	Yes If "Yes," atta	ach an explanation.	⊠ No	
TO THE BEST	OF MY KNOW	LEDGE AND BELIEF ALL	DATA IN THIS APPLICA	7011		<u>-</u>
				APPLICANT AND THE	N ARE TRUE AND CORR	ECT, THE
			DED.	ATTEIONNI AND THE	APPLICANT WILL COMPI	LY WITH THE
Type Name of A	uthorized Repre		.Title Chief	10	Telephone Number	
Patel De	erse	D	eputy Exec.	Officer	(805) 662-6	792
Signature of Aut		entative			Date Signed	
evious Edition Us	<u>Un</u>				4/25/08	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	ſ	
5. APPLICANT INFORMATION			Organizational Unit:			
Legal Name: City of G	arden Grove			•	arden Grove	
Address (give city, county, State,	and zip code):		Name and telephone r this application (give a		to be contacted on	matters involving
P. O. Box 3070 -			William E. N		4) 741-5184	1
Orange County, C			7. TYPE OF APPLICA			
6. EMPLOYER IDENTIFICATION 95-6005			A. State	H. Independent	School Dist.	C
8. TYPE OF APPLICATION:			B. County C. Municipal	State Controlle J. Private Univer	ed Institution of High	er Learning
X New	Continuation	Revision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organia	zation	
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specif		
D. Decrease Duration Other			9. NAME OF FEDERA	AL AGENCY:		
			U.S. EPA			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICA	NT'S PROJECT:	
Title: Surveys,	studies,	66-606	1		key/Newland	
investigations &	special purpos	e grants	Storm Drain (Phase I) RECEN			
12. AREAS AFFECTED BY PRO			0 001	•	I have been here	ii W Massau Massa
City of Garden G					APR 2	9 2002
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			Name of the last o	
Start Date Ending Date	a. Applicant		b. Project	46	STATE CLEAR	RING HOUSE
7/05 11/06 15. ESTIMATED FUNDING:	46		16. IS APPLICATION		EVIEW BY STATE	EXECUTIVE
15. ESTIMATED FORDING.			ORDER 12372 PF		•	
a. Federal	\$ 350,000	.00	a. YES. THIS PREA	APPLICATION/AF	PPLICATION WAS I	MADE
b. Applicant	\$ 286,364	.00		E TO THE STATE FOR REVIEW O	E EXECUTIVE ORD N:	EH 12372
c. State	\$.00	DATE _A	pril 25,	<u>200</u> 2	,
d. Local	\$,	b. No. 🛮 PROGRA	AM IS NOT COVE	ERED BY E. O. 123	72 DV STATE
e. Other \$. [∞]		.∞	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			BA 21VIE
f. Program Income	\$		17. IS THE APPLICA	NT DELINQUEN	T ON ANY FEDERA	AL DEBT?
g. TOTAL \$ 636,364		Yes If "Yes," attach an explanation.				
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AL AUTHORIZED BY THE GO	OVERNING BODY OF TH	CATION/PREAPPLICATION TO THE APPLICANT AND TO	TION ARE TRUE HE APPLICANT	AND CORRECT, I WILL COMPLY WI	HE TH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	ARDED.		c. Telephone N		
a. Type Name of Authorized Rep Les M. Jones I	I	b. Tille Asst. Ci	ry manager/ Public Works	(714) 7	41-5375	
d. Signature of Authorized Repre	esentative			e. Date Signed	2-	
	-			1 / //		7-07)



U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-90-Y077-02
Budget Number:	3 - Budget Pending Approval
Project Information:	Antelope Valley Line Improvements

Part 1: Recipient Information

Project Number:	CA-90-Y077-02	
Recipient ID:	5802	
Recipient Name:	Southern California Regional Rail Authority	
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101	
Telephone:	(213) 452-0209	
Facsimile:	(213) 452-0423	

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

	**************************************		Notice of the Control	en manne græd der en græd det er ven karne kommen en karne en en karne en karne en karne en karne en karne en k	Particular de la company de la
FEDERAL ASSISTANCE	[2. D/	ate submitted April 26	, 2002	Applicant Identifier	
T. TYPE OF SUBMISSION:	[S. D.	ATE RECEIVED BY	STATE	State Application Identifier	MEN EXTRA COMMUNICATION ACTOR
Application Preapplication Construction Construction	ction 4. DA	ATE RECEIVED BY	FEDERAL AGENCY	/ Federal Identifier	ord and best about the est are weaking to a definition to the Machine of the Section of the Sect
Non-Construction Non-Con 5. APPLICANT INFORMATION	struction		. Colombia de Carlo d	AND CONTROL OF CONTROL	NEXTENSION WE'VE KAN KAN KUMBANISAN MEMILIKAN
Legal Name:	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		Organizational Unit:	н ер семень наста мез может семествення по техностору с мерособо мезопосто семеносто с с	AND AN AND AND
Walnut Grove Partners, L.P.			Projec	t Development	
Address (give city, county, State, and zip code) 250 North Harbor Drive, Suite Redondo Beach, CA 90277 Los Angeles County, Californ	319	and the second s	1	e number of person to be conta area code) Frank Fonse 310-798-5656	ca
6. EMPLOYER IDENTIFICATION NUMBER (E	IN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter l	
0 3 - 0 4 2 3 2 3 7	en quarret opygode en graffajantajae en prekvyanieteja vijakajeer	Philipping Company of the Company of	A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. County	State Controlled Institution	of Higher Learning
X New ☐ Cont	linuation [Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(es			E. Interstate	L. Individual	
The victoria, onto appropriate to activity in some of	′		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decrease Award	C. Increase Dura	tion	G. Special District	N. Other (Specify) Non-P	rofit Limited
D. Decrease Duration Other(specify):			9. NAME OF FEDER	CONTRACTOR	
			USDA	we was and a	
10. CATALOG OF FEDERAL DOMESTIC ASS	SISTANCE NUMBE	P.:	11. DESCRIPTIVE	title of applicant's proj	Es (F.)
	1 (Granderman et	AND THE PROPERTY OF THE PROPER	POCICE STREET
[Feeb . 1] [1905] d D [1 A	E		Walnut Gro	ove Senior Apartment	9
TITLE: Rural Rental Housing 12. AREAS AFFECTED BY PROJECT (Cities,		normalistic constitution and the second seco	The state of the s	,	Name of the last o
Clearlake, Lake County, Californ		(c.).	SALTERNATION OF THE PROPERTY O	APR 3 0 2002	Disposation of the Control of the Co
13. PROPOSED PROJECT 14. CONGRE	asional distric	75 OF:	AND THE RESIDENCE OF THE PARTY	TATE CLEARING HOUSE	
Start Date	29		b. Project		NAMES OF THE PROPERTY OF THE PERSON OF THE P
15. ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT TO REVIEW BY S	TATE EXECUTIVE
TO THE PROPERTY OF THE PROPERT	BANKETON PERKENDORTHEN THE PROPERTY OF BUILDING A THE BANK OF A THE BANK	00	ORDER 12372 P	PROCESS?	
USUA, MUNIE, AMP	5,500			EAPPLICATION/APPLICATION	
b. Applicant \$ 3,267	7,179	.00		LE TO THE STATE EXECUTIV S FOR REVIEW ON:	E ORDER 12372
c. State \$		oq	DATE		
d. Local \$	estivati accida parquenti teoria est. contento sen.	00		RAM IS NOT COVERED BY E.	
e. Other Def. Dev. Fee/ S Borrower Contribution 12	2,321	,00	OR PRO	OGRAM HAS NOT BEEN SELE EVIEW	CTED BY STATE
f. Program Income \$	ASSESSMENT OF THE COMMENT OF THE COM	.00		D DESTRUCTION OF THE SAME SAME SAME SAME SAME SAME SAME SAM	on Lai Sen Joa V X 3 or Las Las Indonesia.
g. TOTAL S P. 401		00		ANT DELINQUENT ON ANY F	
9,12	5,500			" attach an explanation.	No X
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Frank Fonseca	a. Type Name of Authorzed Representative b. Title Manager c. Telephone Number Frank Fonsaca Clearlake Developers II, LLC-G.P. 310-798-5656				
d. Signature of Authorized Representative	and the second s			e. Date Signed	2002

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FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X575-11
Budget Number:	16 - Budget Pending Approval
Project Information:	MOS-3 Metro Red Line

Part 1: Recipient Information

Project Number:	CA-90-X575-11
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	
City:	LOS ANGELES, CA 90026 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 484-8300
Facsimile:	(213) 484-9629

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	234 LOMA DRIVE
Address 2:	



Part 2: Project Information

Project Type:	Grant	
Project Number:	CA-90-X575-11	
Project Description:	MOS-3 Metro Red Line	
Recipient Type:	Transit Authority	
FTA Project Mgr:	Ray Tellis	
Recipient Contact:	Charlene Lee Lorenzo/Brian Boudreau	
New/Amendment:	Amendment	
Amend Reason:	Increase Award	
Fed Dom Asst. #:	20507	
Sec. of Statute:	5307	
State Appl. ID:	07LA29202X	
Start/End Date:	-	
Recvd. By State:	Apr. 18, 2002	
EO 12372 Rev:	YES	
Review Date:	Mar. 15, 2002	
Planning Grant?:	NO	
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001	
Program Page:	152	
Application Type:	Electronic	
Supp. Agreement?:	Yes	
Debt. Delinq. Details:		

	7	
Gross Project Cost:		\$20,121,101
Adjustment Amt:		\$0
Total Eligible Cost:		\$20,121,101
Total FTA Amt:		\$16,096,881
Total State Amt:		\$0
Total Local Amt:		\$4,024,220
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt Authority?:	No	
Final Budget?:	No	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

APPLICATION FOR			OMB Approval No. 034
FEDERAL ASSISTANC	E 2. DATE SUBMIT	TED	Applicant Identifier
	4-25-200	12	
1. TYPE OF SUBMISSION:	3. DATE RECEIV		Tulare County Fire Departr State Application Identifier
<u>Application</u> Pre	application		State Application (defidiller
Construction .	Construction 4. DATE RECEIVE	ED BY FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction		oderal identifier
5. APPLICANT INFORMATION			I
Legal Name:		Organizational Unit:	
Tulare County		Fire Departm	nent
Address (give city, county, State, and	•	Name and telephone n	number of person to be contacted on matters invo
1968 South Lovers La	ine	this application (give ar	ea code)
Visalia, CA 93292		Lisa Marrone	(559) 732-5057
6. EMPLOYER IDENTIFICATION NUM	MRED (SIM)		
		7. TYPE OF APPLICAL	NT: (enter appropriate letter in box)
94-60005	4 5	A. State	B
B. TYPE OF APPLICATION:			n. Independent School Dist.
		C. Municipal	. State Controlled Institution of Higher Learning J. Private University
<u>k</u> New	Continuation Revision		C. Indian Tribe
If Revision, enter appropriate letter(s) in	n box(es)	· .	. Indian Tribe Individual
		, , ,	4. Profit Organization
A. Increase Award B. Decrease			V. Other (Specify)
D. Decrease Duration Other(specify):		
		9. NAME OF FEDERAL	AGENCY:
		IISDA IInitad Ct	-t B
10. CATALOG OF FEDERAL DOMEST	TC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE	ates Department of Agricult EOFAPPLICANT'S PROJECT:
•	10-76	 1	
		6 M.E.C.C.A.	
TITLE:Community Faci	ilities Loans and Grants	West To all to the	nd Energy efficiency for
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	Community	Conference and Access
Farlimant Tulana Com			The state of the s
Earlimart, Tulare Cour		<u> 1111 APR 30</u>	2002 11 11 11
3. PROPOSED PROJECT 14. CO	NGRESSIONAL DISTRICTS OF:	, i i	
Start Date Ending Date 3 Appli			
a. Appli	icant	STATE CLEARIN	JO HOHO
0-1-02 9-30-03 5. ESTIMATED FUNDING:	District 20	TO CLUASH	NG 47 EPUSE
S. COTTMATED FUNDING:		16. IS APPLICATION SUI	BJECT TO REVIEW BY STATE EXECUTIVE
Federal		ORDER 12372 PROC	ESS?
Federal	GO		
Applicant \$	12,100	a. YES. THIS PREAPPL	LICATION/APPLICATION WAS MADE
\$	9,900	AVAILABLE TO	THE STATE EXECUTIVE ORDER 12372
State \$		PROCESS FOR	REVIEW ON:
4	· · · · · · · · · · · · · · · · · · ·	DATE 4-25-	2002
Local \$	ao	H DATE - 23	
۳		h Ni	WOT DOWN
Other S	90	D. NO. LI PROGRAM IS	NOT COVERED BY E. O. 12372
	•		M HAS NOT BEEN SELECTED BY STATE
Program Income \$	00	FOR REVIEW	
*		17 IC THE ADDITION TO	EL INQUENT OUT
TOTAL \$	Qd		ELINQUENT ON ANY FEDERAL DEBT?
	22,000	Yes If "Yes," attacl	h an explanation.
TO THE BEST OF MY KNOWLEDGE	AND BELIEF, ALL DATA IN THIS APPLIC		
CUMENT HAS BEEN DULY AUTHOR	IZED BY THE GOVERNING BODY OF TH	SATIONICANT AND THE AS	ARE INUE AND CORRECT, THE
THE ASSI	3 ANCE IS AWARDED	IL ACCLIGANT AND THE AF	FELICANT WILL COMPLY WITH THE
ype Name of Authorized Representative	b. Title	- T-	Jachana Mumbar
vid Hillman	Chief	c. re	lephone Number
ionature of Authorized Representance	0		(5\$9) \(\partial 7.32 - 5954\)
1 1 Vin V	X ~~	16. 06	ate Signed
ious Edition Usable			110105

Application for Federal Assistance



		2. Date Submitted (mr 04/22/2002	n/dd/yyyy)	Applicant Identifier	
1. Type of Submis		3. Date Received by S		State Application Identifier	
Application Construction	Pre-application Construct		ederal Agency (mm/dd/yyyy)	Federal Idemifier	
☐ Non-Constr		struction			
5. Applicant Informati	lon				
	Development Corp	coration		rofit public benefit corporatio	
707 Elm Str			application (give area code)	If the person to be contacted on matters involving this	
P.O. Box 13	uo San Mateo Count	~~~	Robert J. Ravano (650) 595-1500	, Plesident	
California		The second second	(030) 393-1300		
			V B D		
6. Employer Identifica	tion Number (EIN) (xx-yyyyy	M/1/	7. Type of Applicant (enter	r appropriate letter in box)	
94 —	3165510	APR 29 or	A. State	J. Private University	
8. Type of Application	12	134 AIN 29 20	B. County	K. Indian Tribe	
New		sion	C. Multicipal D. Township	L. Individual M. Profit Organization	
		STATE CLEADURE	E. Interstate	N Nonprofit	
If Revision, e	nter appropriate letter(s) in	POXIONE OF THE CONTROL	E. Interstate Control Control	O Public Housing Agency	
A (ma	ward B. Decrease Awa		G Special District H. Independent School Dist	P. Other (Specify)	
A. Increase A	ward B. Decrease Awa Duration Other (specify)	rd C. Increase Duration	I. State Controlled Institution		
D. Decrease	Duration Outer (specify)		9. Name of Federal Agency	To Fright Eddining	
			See attached		
10. Catalog of Federal	Domestic Assistance Number	er (xx-yyy)	11. Descriptive Title of Applica	unt's Project	
		14 - 129	San Carlos Elm	S	
Title: Mortga	ge Insurance		115 Bed Residential Care Facility		
122090	go madanoc		l ·	Carlos, California	
12. Areas Affected by	Project (cities, counties, State	s, etc.)	see attached Fo	orm HUD-92013 and location	
City of San	Carlos, San Mat	eo County, CA	map for a furtl	her description	
13. Proposed Project		14. Congressional Districts of			
Start Date (mm/dd/yyyy 07/01/2002) Ending Date (mm/dd/yyyy) 09/01/2003	a. Applicant California – 1	.4	b. Project California – 14	
15. Estimated Fund	ling		16. Is Application Subject	to Review by State Executive	
a. Federal	\$.00	Order 12372 Process?		
b. Applicant	s	.00		cation/application was made available to the der 12372 Process for review on:	
c. State	\$.00	Date (mm/dd/yyyy)_	04/22/2002	
d. Local	s	.00	•	not covered by E.O. 12372	
	+	.00	· · · · · · · · · · · · · · · · · · ·		
e. Other	\$.00	or Program ha	as not been selected by State for review.	
f. Program Income	\$.00		uent on Any Federal Debt?	
g. Total	s see attached	00. E	.		
18. To the best of authorized by the	my knowledge and beli governing body of the ap	ef, all data in this application	on/pre-application are true ill comply with the attache	and correct, the document has been duly d assurances if the assistance is awarded.	
a. Typed Name of Author Robert J. Ra	rized Representative	b. Title President		c. Telephone Number (Include Area Code) (650) 595–1500	
d. Signature of Authorize	ed Representative			*0419 22792 (000 (2017) yy)	
Previous Edition Usa		1 Rose			
Authorized for Local			•	form SF-424 (7/97) Prescribed by OMB Circular A-102	

OMB Approval No. 0348-0043 ant Identifier 2. Date Submitted (mm/dd/yyyy) **APPLICATION FOR** 05/14/02 B02-UC-06-0009 FEDERAL ASSISTANCE State Applicant Identifier 3. Date Received by State (mm/dd/yyyy) 1. Type of Submissiom Preapplication Application 4. Date Received by Federal Agency Federal Identifier Construction ☐ Construction (mm/dd/vvvv) Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit Legal Name: Community Development Department San Joaquin County Name and telephone number of the person to be contacted on matters involving this Address (give city, county, state, and zip code): application (give area code) Karen Stevens 1810 E. Hazelton Avenue Stockton, CA 95205-6232 (209) 468-3139 7. TYPE OF APPLICANT: 6. EMPLOYER IDENTIFICATION NUMBER (EIN): В State Controlled Institution of Higher Learning 0 0 3 State 4 9 Private University В. County C. Municipal Indian Tribe 8 TYPE OF APPLICATION: Individual D Township M. Profit Organization E. Interstate Revision ☐ Continuation New N. Nonprofit Intermunicipal O. Public Housing Agency G. Special District If Revision, enter appropriate letter(s) in box(es): Other H. Independent School Dist. A. Increase Award B Decrease Award (Specify) 9. NAME OF FEDERAL AGENCY: Other (specify): D. Decrease Duration U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC A 2 ASSISTANCE NUMBER: (xx-yyy) TITLE: Community Development Block Grant (CDBG) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) 2002-03 Entitlement Statement for San Joaquin County and participating cities. Activities include public works and facilities, County of San Joaquin and the citites of Escalon, Lathrop, housing rehabilitation, public services, administration/planning and interim assistance. Lodi, Manteca, Ripon, and Tracy, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: a. Applicant Start Date **Ending Date** (mm/dd/yyyy) (mm/dd/yyyy) 14 8/18 14 & 18 07/01/02 06/30/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/vvvv) April 25, 2002 Complete form HUD-424-M, Funding Matrix PROGRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If "Yes," attach an explanation. ⊠ No Yes Yes 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number a. Typed Name of Authorized Representative (Include Area Code) Director, Community Development Ben Hulse (209) 468-3133 Dept. e. Date Signed (mm/dd/yyyy)

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d. Signature of Authorized R

/he ll,

Standard Form 424

05/14/02

	ATION FOR				OME	Approval No. 0348-
	AL ASSISTA	NCE	2. DATE SUBMITTED 4/19/02		Applicant Identifier	
1. TYPE OF Application	SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier	
Const		Preapplication Construction			1	
1 ==	onstruction	Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	
5. APPLICAN	T INFORMATION	1 Hon-construction	1			
Legal Name:						
Logar rame.	County	f Ventura		Organizational Unit:		·
Address (give	city, county, State	ventura		Co	unty Executiv	e Office
800 S Ventu	y of Vent . Victori ra, CA	cura,County Ex la Avenue L#] 93009	kec. Office	Name and telephone	number of person to be conta prea code) Paul Der (805) 662	cted on matters invo
		N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter i	in box)
95	-6000	9 4 4				В
8. TYPE OF A	PPLICATION:			A. State	H. Independent School Dist.	<u> </u>
				B. County	I. State Controlled Institution	of Higher Learning
	New		Revision	C. Municipal D. Township	J. Private University	
If Revision, en	iter appropriate lett	er(s) in box(es)		E. Interstate	K. Indian Tribe	
)				F. Intermunicipal	L. Individual	
A. Increase		rease Award C. Increase	Duration	G. Special District	M. Profit Organization	
D. Decrease	Duration Other(s	specify):		O. Opedar District	N. Other (Specify)	
				9. NAME OF FEDERA	L AGENCY:	
40.01711.00				USDA Rur	al Development	•
10. CATALOG	OF FEDERAL DO	MESTIC ASSISTANCE NU	15 (V) 1C	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	ECT:
Commun	nity Faci	lities	The Basa	V B		
TITLE		Direct Loan	program	Oak View	School	
12. AREAS AF	FECTED BY PRO	JECT (Cities Counties State		Acquisit	ion & Improvem	ont
Commi	nity of	Oak View	14 14 APR 2		a imploven	enc
Ventu	ra Count	y, California	-			
13. PROPOSEI	D PROJECT	14. CONGRESSIONAL DIST	RICTS OF CLEAF	RING HOUSE		
Start Date	Ending Date	a. Applicant	SIAIL OLLA	b. Project		
12/02	12/03	23rd &	24th	24th		
15. ESTIMATE	D FUNDING:		- 1011			
				OF APPLICATION S	UBJECT TO REVIEW BY ST	ATE EXECUTIVE
a. Federal		\$	00	ORDER 12372 PRO	CESS?	
		1,300,0	000 .	a VES THIS DOCAR	DI ICATIONUADO CO	
b. Applicant		\$.00	AVAII ADIE 1	PLICATION/APPLICATION V	VAS MADE
				PROCESS E	O THE STATE EXECUTIVE OR REVIEW ON:	UKDER 12372
c. State		\$.00	, NOOLUG FI	OUT VEAIEAA OM.	
d. Local				DATE 4/	25/02	
u. Lucai		\$.00			
e. Other				b. No. PROGRAM	IS NOT COVERED BY E. O.	12372
e. Oulet	9		.00	OR PROGR	AM HAS NOT BEEN SELECT	TED BY STATE
				FOR REVIE	W	LODI GIME
f. Program Incon	ne s	5	.00			
. TOTAL				17. IS THE APPLICANT	DELINQUENT ON ANY FED	FRAI DERT2
y. IOIAL	\$		1	Yes If "Yes," att		
8 TO THE DEC	T OF MY KNOW	1,300,0	00	Lies II Tes," att	acn an explanation.	🔀 No
DOCUMENT LA	S REEM DITT A	EUGE AND BELIEF, ALL D	ATA IN THIS APPLICA	TION/PREAPPLICATIO	N ARE TRUE AND CORREC	T, THE
		THORIZED BY THE GOVE E ASSISTANCE IS AWARD		APPLICANT AND THE	N ARE TRUE AND CORRECT APPLICANT WILL COMPLY	WITH THE
	Authorized Repres	THOUSE IS ATTAKE	JEU.			·
Pati I	erse	1	Title Chief	[c.	Telephone Number	
	thorized Represer		eputy Exec.	Officer	<u>(805)</u> 662-679	92

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APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifi	er
FEDERAL ASSISTANCE		Z. DATE SUBMITTED		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		3. DATE RECEIVED BY	CTATE	State Application	dentifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	. 130.1
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	Г
5. APPLICANT INFORMATION	TEJ Non contours				
Legal Name:	- Law Canada		Organizational Unit:	City of G	arden Grove
,	arden Grove		1	-	to be contacted on matters involving
Address (give city, county, State,	and zip code):		this application (give a		
P. O. Box 3070 -			William E. Murray (714) 741-5184		
Orange County, C			7. TYPE OF APPLICANT: (enter appropriate letter in box)		
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	MT: (enter appro)	C C
95 - 6005	8 4 8		A. State	H. Independent	School Dist.
8. TYPE OF APPLICATION:			B. County		ed Institution of Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private Univer	rsity
i —		J []	D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate lette	er(s) in box(es)		F. Intermunicipal	M. Profit Organia	zation
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specif	у)
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:	
			U.S. EPA		•
TO CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NI	IMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICA	NT'S PROJECT:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Title: Surveys, studies, 66 - 606		1		key/Newland .	
investigations & special purpose grants			The second secon		
investigations & special purpose grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Storm Drain (Phase I) RECEIVED					
City of Garden G	rove, Orange Co	unty, CA			A D D O O O O O O O O O O O O O O O O O
City of Garden Grove, Orange County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:					APR 2 9 2002
13. PROPOSED FROMEST					SECURIOR SEC
Start Date Ending Date	a. Applicant		b. Project	46	STATE CLEARING HOUSE
7/05 11/06	46		10 10 ADDI ICATION		EVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PF		
a. Federal	\$ 350,000	00	a. YES. THIS PREA	APPLICATION/AF	PPLICATION WAS MADE
b. Applicant	\$ 286,364	.00		FOR REVIEW O	E EXECUTIVE ORDER 12372 N: .
c. State	\$.00	DATE A	pril 25,	2002
d. Local	\$, .00	b. No. PROGRA	AM IS NOT COVE	ERED BY E. O. 12372
e. Other	\$.∞	OR PRO		BEEN SELECTED BY STATE
f. Program Income	\$.00	17. IS THE APPLICA	NT DELINQUEN	T ON ANY FEDERAL DEBT?
g. TOTAL	\$ 636,364	••	Yes If "Yes,"		
18. TO THE BEST OF MY KNOW	MI EDGE AND BELIEF AL	L DATA IN THIS APPLIC	ATION/PREAPPLICATE APPLICATE APPLICANT AND TO	TION ARE TRUE HE APPLICANT	AND CORRECT, THE WILL COMPLY WITH THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Rep	a. Type Name of Authorized Representative b. Title Asst. City Manager/ c. Telephone Number				
Les M. Jones II Director of Public Works (714) 741-5375			1		
d. Signature of Authorized Representative e. Date Signed / 2					



U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-90-Y077-02
Budget Number:	3 - Budget Pending Approval
Project Information:	Antelope Valley Line Improvements

Part 1: Recipient Information

Project Number:	CA-90-Y077-02
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0423

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Contact Name:	Gordon Hubel
Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant	Gross Project	\$4,902,000
Project Number:	CA-90-Y077-02	Cost:	\$0
	Antelope Valley Line	Adjustment Amt:	ΨΟ
Project Description:	Improvements	Total Eligible Cost:	\$4,902,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$4,334,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$568,000
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$0

New/Amendment:	Amendment
Amend Reason:	Increase Award
Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	07-2897
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Apr. 29, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Feb. 09, 2001
Program Page:	LA0B7009
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES, CA
60420	RIVERSIDE-SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	30	Xavier Becerra
6	33	Lucille Roybal-Allard
6	28	David Dreier
6	31	Hilda L Solis
6	40	Jerry Lewis
6	41	Gary G Miller
6	42	Joe Baca





FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Part 1: Recipient Information			ATI	E CI	EAF	RING	НО	USE
Project Information:	FY 2003 CAP PRJCTS; PURCHASED TRANSP,	HIL	1	AFF	1 2 3	3 ZUI	UL.	$ \mathcal{L} $
Budget Number:	1 - Budget Pending Approval			<u> </u>	<u> </u>			
Project ID:	CA-16-0041		الم	ש	5	ט ע		
Recipient Name:	ACCESS SERVICES, INC.		Te.	<u> </u>	Œ	n w	ß	\Box
Recipient ID:	5830							

Project Number:	CA-16-0041
Recipient ID: 5830	
Recipient Name:	ACCESS SERVICES, INC.
Address: 633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000	
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-01 BUS - ROLLING STOCK	67	\$2,253,974	\$2,546,000
ACTIVITY			
11.12.15 BUY REPLACEMENT MINIVANS (STP) LA900520	67	\$2,253,974	\$2,546,000
SCOPE			
117-00 OTHER CAPITAL ITEMS (BUS)	0	\$43,436,858	\$49,064,564
ACTIVITY			
11.71.13 3RD PARTY CONTRACTED SERVICES (E&PD) (STP) LA970501	0	\$43,436,858	\$49,064,564
SCOPE			
111-00 BUS - ROLLING STOCK	3	\$118,520	\$133,875
ACTIVITY			
11.12.15 BUY REPLACEMENT Full Size Modified Vans (STP) LA900520	3	\$118,520	\$133,875
	Estimated	Total Eligible Cost:	\$51,744,439
		Federal Share:	\$45,809,352
		Local Share:	\$5,935,087

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

	11.12.15	BUY REPLACEMENT MINIVANS (STP) LA900520	Gasoline
ſ	11.12.15	BUY REPLACEMENT Full Size Modified Vans (STP) LA900520	Gasoline

Extended Budget Descriptions

11.12.15	BUY REPLACEMENT MINIVANS (STP) LA900520	67	\$2,253,974	\$2,546,000
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	

Minivans to be replaced are 16 foot 1998 and 1999 Dodge Ricon low floor minivans. Quantities are (19) `98 and (48) `99 vehicles with seating capacity of 3 ambulatory and 2 wheelchair positions.

11.71.13	3RD PARTY CONTRACTED SERVICES (E&PD) (STP) LA970501	0	\$43,436,858	\$49,064,564
		<u> </u>		***************************************
These fund transportat	ds will provide for transportation services including eligibility, ion.	custor	mer services and p	ourchased
11.12.15	BUY REPLACEMENT Full Size Modified Vans (STP) LA900520	3	\$118,520	\$133,875
11.12.15	· · ·	3	\$118,520	\$133,875
Vans to be	· · ·			

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.71.13 3RD PARTY CONTRACTED SERVICES (E&PD) (STP) LA970501

0 \$43,436,858

\$49,064,564

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jul. 01, 2002
	Access Services Inc. (ASI) contracts with several paratransit providers to serve customers in its service regions. These multi-year contracts are for provision of ADA paratransit services in the Northern, Eastern, Southern, and West-Central regions of Los Angeles county, including Santa Clarita and Antelope Valley. In addition, ASI also contracts its eligibility and customer service functions. Six (6) contracts will be extended and/or awarded during FY 2002/03; a remaining five (5) contracts currently in effect will carry over into FY 2002/2003 from FY 2000 & FY 2001. Milestone #1 indicates when RFP was issued, for contracts to be awarded/extended in FY 2002-03.	
2.	Contract Award	Oct. 01, 2002
	Milestone #2 indicates the date when Access Services awarded contract(s) for provision of ADA paratransit service. Contract(s) may be for transportation services, eligibility determination and/or customer service.	
3.	Contract Complete	Jun. 30, 2003
	This milestone indicates ASI's contract expiration date with its transportation provider(s), eligibility and/or customer service provider.	

APPLICATION FOR	0.110.00		Applicant Identifier	r
FEDERAL ASSISTANCE	2. DATE SUBMITT			
1. TYPE OF SUBMISSION:	3. DATE RECEIVE	D BY STATE	State Application I	dentifier
Application Preapplication	on	TO THE PERMIT	Federal Identifier	
☑ Construction ☐ Constru		D BY FEDERAL AGENCY	Ledela Idelimie	
Non-Construction Non-Co	onstruction			
Legal Name:		Organizational Unit:		
London Community Service	es District			
Address (give city, county, State, and zip code	e):			be contacted on matters involving
37835 Kate Road		this application (give a		550/722 7029
Dinuba, CA 93618		James H. We		559/732-7938
6. EMPLOYER IDENTIFICATION NUMBER ('EIN):	7. TYPE OF APPLICA	NT: (enter appropr	
7 7 - 0 0 2 4 1 1 9	-			G G
		A. State	H. Independent So	Institution of Higher Learning
8. TYPE OF APPLICATION:		B. County C. Municipal	J. Private Universi	
New Co	ntinuation Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(e	es)	E. Interstate	L. Individual	
		F. Intermunicipal	M. Profit Organiza	
A. Increase Award B. Decrease Award	©. Increase Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(specify):		9. NAME OF FEDERA	L AGENCY:	
				•
		USDA Rural	Developmen	t e
10. CATALOG OF FEDERAL DOMESTIC AS	SSISTANCE NUMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICAN	IT'S PROJECT:
10. 021220 0		[6]		
4		Remodel of	District d	ffice CEVED
TITLE: Community Facil 12. AREAS AFFECTED BY PROJECT (Cities	Littles Grant	Temodo -		
	s, Courties, States, etc.).			
London, Tulare County				APR 2 9 2002
13. PROPOSED PROJECT 14. CONGR	RESSIONAL DISTRICTS OF:			
Start Date Ending Date a. Applicant		b. Project		
7/1/02 2/1/02	20th	20th		
15. ESTIMATED FUNDING:		1		VIEW BY STATE EXECUTIVE
	<u> </u>	ORDER 12372 PF	ROCESS?	
a. Federal \$	48,750	. VES THIS PREA	APPLICATION/APP	LICATION WAS MADE
b. Applicant \$	40,750			EXECUTIVE ORDER 12372
	16,250	PROCESS	FOR REVIEW ON:	: ,
c. State \$.00	^>		02
	. 00	DATE _AI	oril 23, 20	<u>-</u>
d. Local \$	•	b. No. PROGRA	M IS NOT COVER	RED BY E. O. 12372
e. Other \$.00			EEN SELECTED BY STATE
		FOR REV	/IEW	
f. Program Income \$	∞			
- TOTAL	<u> </u>	17. IS THE APPLICAL	NT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL \$	65,000	Yes If "Yes,"	attach an explana	tion. 💢 No
18. TO THE BEST OF MY KNOWLEDGE AN		PLICATIONPREAPPLICAT	TION ARE TRUE A	ND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZE	ED BY THE GOVERNING BODY O			
ATTACHED ASSURANCES IF THE ASSIST			1 +1-1	· - L
a. Type Name of Authorized Representative Dordthy Castro	b. Title Presi	dent	c. Telephone Num 559/591-5	
d. Signature of Authorized Representative	1		e. Date Signed	, <u></u>
Mathy (ast	10		4-14	102

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45511017501750			Г	E G E IV E IV 0348-0043
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTAN	NCE	April 26	. 13	APR 2 6 2002
1 TYPE OF SHRMISSION.		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	STATE CLEARING HOUSE
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			DIAIL OLLANI
Legal Name: Walnut Grove Partne	ers, L.P.		Organizational Unit: Project	Development
Address (give city, county, State,			Name and telephone i	number of person to be contacted on matters involving
250 North Harbor Dr Redondo Beach, CA Los Angeles County	90277		this application (give a	rea code) Frank Fonseca 310-798-5656
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
0 3 - 0 4 2 3	2 8 7		. C1=10	H. Independent School Dist.
8. TYPE OF APPLICATION:			A. State B. County	I. State Controlled Institution of Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University
			D. Township	K, Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization
A. Increase Award B. Deci D. Decrease Duration Other(s	rease Award C, Increase	g Duration	G. Special District	N. Other (Specify) Non-Profit Limited Partnership
D. Decrease Duration Official	43001147-		9. NAME OF FEDERA	AL AGENCY:
			USDA	
			A DECEDIOR F	TLE OF APPLICANT'S PROJECT:
10. CATALOC OF FEDERAL DO	_		11. Descriptive III	TE OF APPLICANTS PROJECT:
	,	1 0 4 1 5	Walnut Grov	ve Senior Apartments
TITLE: Rural Rent		ton ata \:		
12. AREAS AFFECTED BY PRO Clearlake, Lake Count		iles, etc.):		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date	a. Applicant 29		b, Project 1	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		<u>m</u>	ORDER 12372 PF	ROCESS?
a. Federal USDA, HOME, AHP	\$ 1,735,500	170		APPLICATION/APPLICATION WAS MADE
b. Applicant LP Investor	^{\$} 3,267,179	•		ETO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$. QD	DATE	
d. Local	\$	ďΔ	b. No. 🔌 PROGR/	M IS NOT COVERED BY E. O. 12372
e. Other Def. Dev. Fee/ Borrower Contribution		_uu	☐ OR PROC FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE NEW
f. Program Income	\$	00	17 IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	^{\$} 5,125,500	pa		attach an explanation.
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	VLEDGE AND BELIEF, AL AUTHORIZED BY THE GO	L DATA IN THIS APPLIC OVERNING BODY OF THE	ATION/PREAPPLICATE APPLICANT AND TH	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				a Talashasa Musikas
a, Type Name of Authorized Rep Frank Fonseca	resentative	b. Title Manager Clearlake Develo	pers II, LLC-G.P	c. Telephone Number 310-798-5656
d. Signature of Authorized Repre-	sentative			e. Date Signed 4:25. 2002

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OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier APPLICATION FOR CMA 00-1 April 23, 2002 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Applicant Identifier 1. TYPE OF SUBMISSION Preapplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Construction Construction NPIAS 3-06-0339-19 Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Department of Airports County of Ventura Name and telephone number of the person to be contacted on matters involving this application Address (give city, county, state, and zip code): Department of Airports Scott E. Smith 555 Airport Way, Suite B (805) 388-4200 Camarillo, CA 93010 7. TYPE OF APPLICANT: (enter appropriate letter in box) В 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 0 9 4 4 H. Independent School Dist. 6 n 0 9 5 A. State State Controlled Institution of Higher Learning В County Private University C. Municipal 8. TYPE OF APPLICATION: Indian Tribe D. Township K. Individual Interstate ☐ Continuation E. ☐ Revision New New M. Profit Organization F. Intermunicipal Special District Other (Specify) If Revision, enter appropriate letter(s) in box(es): C. Increase Duration A. Increase Award B. Decrease Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): APR 2 6 2002 Federal Aviation Administration Western Pacific Region 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: STATE CLEARING HOUSE 10. CATALOG OF FEDERAL DOMESTIC 2 0 1 0 6 Airport Drainage Improvements (Phase 2), approx. 4,400 LF. ASSISTANCE NUMBER: Rehabilitate PCC Aprons (approx.150,000 sq. ft.) & Taxiways (approx. 30,000 sq.ft.) (Phase 2) TITLE: Airport Improvement Program Taxiway Safety Area Obstruction Removal 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Design & Engineer Taxiway Lighting Upgrades (Phase 1) Ventura County 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: h. Project a. Applicant Ending Date Start Date 24 23 and 24 October 2002 March 2004 16. IS SPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal 1.012.000.00 \$ STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 61,844.00 \$ DATE However a copy was sent to the state clearinghouse for review on: c. State b. NO. PROGRAM IS NOT COVERED BY E.O. 50,600.00 April 23, 2002 d. Local .00 \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other .00 \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income იი No. Yes If "Yes," attach an explanation. g. TOTAL 1,124,444.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY

AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number a. Typed Name of Authorized Representative (805) 388-4200 Director of Airports Scott E. Smith e. Date Signed d. Signature of Authorized Representative April 23, 2002 coll E. Amus Standard For 424 (REV 4-88) Prescribed by OMB Circular A-102 Previous Editions Not Usable **Authorized for Local Reproduction**

TYPE OF SUBMISSION: Application Construction	Presop@antion	2. DATE SUBMITTED 4. 26. 0 3. DATE RECEIVED BY	2	Applicant de fine	APR 2 6 2002	V (43
TYPE OF SUBMISSION: Application Construction	Presop@antion	4.26.0	2	Applicant identifier	APR: 2 6 2002	
Application Construction		3. DATE RECEIVED BY				
Construction			STATE	State Application de		اما
CT New Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identified	E CLEARING F	
APPLICANT INFORMATION	Non-Construction					\dashv
	PETERMENT	ASSOCIATION	Organizational Unit:	VITY TOTAL	e contacted on matters inv	rotving
address (also ally, county, State, 12923 AVE 80	PO BOX T		this application (give a	aluno Baile)		
TEVISTON, TULAR	E Co, Ct 932	56 c		ANT: (enter appropria		
8. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		A. State	H. Independent Sch	ool Dist.	
8. TYPE OF APPLICATION:			B. County	I. Biste Controlled II J. Private University	natituation of Higher Learning	g.
□ No	Continuation	Revision	C. Municipal D. Township	K. Indian Tribe		
if Revision, enter appropriets let	_		E, Interstate F, Intermunicipal G, Special District	L. Individual M. Profit Organizati N. Other (Specify)	"Non profit	
NO MICHAEL LINES A	oreese Award C. Incres (specify):	se Duration	9. NAME OF FEDER			
			USDA, RUP	lan Housing	GERNUES	
10. CATALOG OF FEDERAL	OMESTIC ABSISTANCE	NUMBER:	-	TADA OCC	reproduct:	
	سيست دور خوا	10-766	CONSIEVE	ring lot	FOR	
TITLE: COMMU	NAY FACILATE	Some etc.):	- paver par	A FACILITY	[·	
TEVISTON,			COMMUNIT	4 FACILITY		
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:				
Start Date Endlog Date 6/2002 0/2002	a. Applicam District	20, Calvin Dock		20, GALVI	N DOOLEY	IVE
15 ESTIMATED FUNDING:		•	16. IS APPLICATION ORDER 12372			
e. Federal	37.50	,2	A YES THIS PR	EAPPLICATION/APP	LICATION WAS MADE EXECUTIVE ORDER 1237	2
b. Applicant	5442	01	CDACES	A COR REVIEW ON		
c. State	\$		DATE _	4126/02		
d. Local	\$		b. No. [] PROG	IRAM IS NOT COVER	RED BY E. O. 12372 WEEN BELECTED BY STAT	ΪE
a. Officer	\$			REVIEW		
f. Program (noome	\$				ON ANY PEDERAL DEBT	7
g. TOTAL	\$ 58 82	3		L" attach en explans		,
16. TO THE BEST OF MY KN DOCUMENT HAS BEEN DU	LY AUTHORIZED BY TH	E GOARKHING ROD! OF	THE APPLICANT AND			
ATTACHED ASSURANCES	Representative	b. THE	BOARD PRES	a Telephone Nu	7.3131 NH8	
d. Signature of Authorized Ra		IDNA	<i>V</i> 7		4.26.02	
Previous Edition Usable Authorized for Local Reprodu	ng -			Stand Preso	iard Form 424 (Rev. 7-97) ribed by OMB Circular A-10	22

APPLICATION FOR					proval No. 0348-0043
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED April 26, 2002		EARING HOUSE	STATE CLI
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
	Preapplication				
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 7007 9 (99A
Non-Construction	Non-Construction	L 499 9	8 2002		
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: Willow Pointe Apartments	of Riverbank Limited	l Partnership	Limited Partne	ership I A I I	
Address (give city, county, Slate,		T distraction p		number of person to be contacte	d on matters involving
Riverbank, Stanislaus	County, California	, 95367	this application (give a David J. Cordes (562) 592-1518	rea code) FAX (562) 592-2049	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in t	
- PEND	ING		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:	harmonia e de managado a como e de como e		B. County	I. State Controlled Institution of	Higher Learning
		Revision	C. Municipal	J. Private University	•
<u>∨</u> New	Continuation	nevision	D. Township	K, Indian Tribe	
If Revision, enter appropriate lette	r(s) In box(es)		E Interstate	L. Individual	
		- Dundies	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Limited	Partnership
A. Increase Award B. Decr D. Decrease Duration Other(s)	ease Award C. Increase	э Бигалон	a. opecial district	14. Outer (abacus) Territory	, MINIMIPINE
D. Decrease Duration Cinera,	pecny).		9. NAME OF FEDERA	AL AGENCY:	
		-	USDA-Rural	Development	
10. CATALOG OF FEDERAL DO	MARCELO ACCICEANCE NI	IMBED:	11 DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
10. CATALOG OF PEDERAL DO	IVIESTIC ASSISTANCE NI		1	ction of 24 one-bdrm r	l l
		1 0 - 4 1 5			
TITLE: 515			for low to mod	derate income, 1 two-	and launday
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ates, etc.);	manager unit	, and an on-site office	and laundry.
Riverbank, Stanislaus	County, Californi	а	-		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
6-2003 10-2003	California 45th D	pistrict	California 18th	h District	175 CYCOUTIVE
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	I SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
a. Federal	\$	QQ O	ONDER 12372 FF	1 00 1331	
USDA-RD Sec 515	1,000,000	·)	a. YES. THIS PRE	APPLICATION/APPLICATION W	/AS MADE
b. Applicant	\$, , , , ,	1	E TO THE STATE EXECUTIVE	ORDER 12372
(Inc. LIHTC Equity)	512,819		PROCESS	FOR REVIEW ON:	
c. State	\$ 700,000	. oo	DATE		
HOME	700,000	δά	DATE		
d. Local	Φ	•	b. No. R PROGR	AM IS NOT COVERED BY E. O.	12372
e. Other	\$	00	OR PRO	GRAM HAS NOT BEEN SELEC	TED BY STATE
f. Program Income	\$, QO		The state of the s	SERVI DEDEZ
			-	NT DELINQUENT ON ANY FE	
g. TOTAL	\$ 2,212,819	9	Yes If "Yes,"	attach an explanation.	✓ No
18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	VLEDGE AND BELIEF, AL AUTHORIZED BY THE GO	L DATA IN THIS APPLIC OVERNING BODY OF TH	ATION/PREAPPLICA IE APPLICANT AND T	HE APPLICANT WILL COMPL	CT, THE Y WITH THE
a. Type Name of Authorized Rep. David J. Cordes 17	resentative	b. Title President, Coro	les Housing General Partner	c. Telephone Number (562) 592-1518	
d Signature of Authorized Repres				a. Date Signed April 24, 2002	45 207)

APPLICATION FOR	e de la companya de l		,	OMB Ap	proval Na. 0348-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 26, 2002		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application trentifier	V E n
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federa Videntifier	
Non-Construction	Non-Construction		8 2002 /	ADD of	2002
5. APPLICANT INFORMATION Legal Name:		731 11 Cr	Organizational Unit:	<u> APR 2 6 </u>	2002
Desert Sunrise Apart Address (give city, county, State,	ments of Heber, Li	mited Partnershi	t Limited Partne	ership	d on matters is well inc
1	, ,		this application /give a	number of pareon to be contented to rea code. ATE	NG HOUSE
Hwy 86 & Pitzer Road Heber, Imperial Count			David J. Cordes	FAX (562) 592-2049	Mary distribution of the control of the state of the stat
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in b	box)
- PEND	ING		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:		-	B. County	I. State Controlled Institution of	Higher Learning
✓ New	Continuation	Revision	C. Municipal	J. Private University	
If Devision, ander approprieta lette	ar(a) in box/aa\		D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate lette	er(8) in box(es)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Deci D. Decrease Duration Other/s	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Limited	Partnership
			9. NAME OF FEDERA	AL AGENCY:	
			USDA-Rural I	Development	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJEC	ET:
	·	10-415	New construc	tion of 24 rental units	for low to
TITLE 515	l.			ome families, including	_ 1
TITLE: 515 12. AREAS AFFECTED BY PRO	HEST (Cition Counties Che	ilaa ata):	office and lau		g an on one
		nes, etc.).	office and ladi	idiya .	
Heber, Imperial Coun	ity, California				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant	Nation	b. Project	LIB Carallar	ł
9-2003 1-2004	California 52nd D	JISTRICT	California 52nd		TE EVECUTIVE
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	1 6	Бо	OHDER 123/2 PR	OCE55?	
USDA-RD Sec 515	1,000,000		a. YES. THIS PREA	PPLICATION/APPLICATION W	AS MADE
b. Applicant LIHTC Equity	\$ 757,575	OD	AVAILABLE	TO THE STATE EXECUTIVE (FOR REVIEW ON:	
c. State HOME	\$ 635,000	<u>.</u> 00 .	DATE		
d. Local	\$	aa	b. No. 🔟 PROGRA	M IS NOT COVERED BY E. O.	12372
e. Other GP-Cap Contrib	^{\$} 55,000	äb	OR PROG FOR REV	GRAM HAS NOT BEEN SELECT NEW	TED BY STATE
f. Program Income	\$	aa			
			17. IS THE APPLICAN	NT DELINQUENT ON ANY FED	ERAL DEBT?
g. TOTAL	\$ 2,447,575			attach an explanation.	✓ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH	ATION/PREAPPLICAT E APPLICANT AND TH	1E APPLICANT WILL COMPLY	WITH THE
a. Type Name of Authorized Rep	resentative	b. Title President, Heb		c. Telephone Number (760) 353-0323	
Diahna Garcia-Rui. d. Signature of Authorized Repre		Foundation, Ge	eneral Partner	e. Date Signed	
	велтатive - Дена Сентра		· · · · · · · · · · · · · · · · · · ·	4/22/2002	
by to Fallston Hooking				Standard Form 424	(Rev. 7-97)

APPLICATION FOR		C TATE GLOCALITED		plicant Identifier			
Federal assistance		2. DATE SUBMITTED April 25,		TO B C	BIWE	T	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application inchitifier	13 U U 12	Π	
	Preapplication			1131 -		Щ	
Construction	✓ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Idantifier AP	R 26 2002	此	
Non-Construction	Non-Construction	/H/L/IN	G W ZUUE			H	
5. APPLICANT INFORMATION			Organizational Unit:			刀	
Legal Name: WILLITS MENDOCII	NO ASSOCIATES	, A CALIFORNIA	LIMITED PAR	TNERSISTATE C	LEARING HO	ЦŞ	
Address (give city, county, State,	and zip coda):		Name and telephone no this application (give an	umber of person to be conta	acted on matters involv	ung-	
13 - 12th Avenue Sou		·	Gar-Mar Asso	ciates / Attn: Marg	o 530/823-925	0	
Canyon County, Idahe	o 83653					_	
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT:(enter appropriate letter	· in box)		
			0.04-1-	H. Independent School Dis	N		
			A. State B. County	I. State Controlled Institutio	n of Higher Leaming		
8. TYPE OF APPLICATION:	P== 1	Revision		J. Private University			
New Mew	Continuation	Revision	D. Township	K. Indian Tribe			
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual M. Profit Organization			
	rease Award C. Increase	- Cumtico	F. Intermunicipal G. Special District	N. Other (Specify) Pa	artnership		
A. III CA BOOM O THURST DID TO	rease Award C. Increas specify):	9 Duranon	G, Special District				
D. Decrease Duration Other(s	specify.		9. NAME OF FEDERA	L AGENCY:			
			UNITED STATES	DEPARTMENT OF	AGRICULTURE		
				LE OF APPLICANT'S PRO			
10. CATALOG OF FEDERAL DO	omestic assistance N		1				
		1 0 — 4 1 5	GATEWAY VILLA	AGE - Affordable renta t - 64 total units consis	anousing eting of 26.2-bdm.	,	
TITLE: Rural Rental	Housing Section 515	(RRH-515)	aparment project	-bdrm units to be built	on 5.59 acres on	'	
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles, St	ales, etc.):	the corner of Mar	gie Count just off Mon	nica Lane in Willits	١,	
Willits, Mendocino County	/, California		Mendocino Coun	ty, California.			
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS OF:					
Start Date Ending Date	a, Applicant		b. Project				
9/1/02 5/1/03	Distri	ct #1	1	District #1		_	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
			ORDER 12372 PR	ROCESS?			
a. Federal	\$	500,000	a. YES. THIS PREA	APPLICATION/APPLICATIO	ON WAS MADE		
b. Applicant	\$	ุสม	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
D. Approant		131,579	PROCESS	FOR REVIEW ON:			
c. State	\$	<u>.</u>	DATE			ı	
d, Local	\$	4.000.000			E 0 42277		
		1,000,000	b. No. PROGRA	AM IS NOT COVERED BY I GRAM HAS NOT BEEN SE	LECTED BY STATE		
e. Other	\$	1,000,000	FOR RE				
f. Program Income	\$,ou		NT DELINQUENT ON ANY	SEDERAL DERTY		
		dD dD	-		No		
g, TOTAL	\$	2,631,579		attach an explanation.			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, A	LL DATA IN THIS APPLIC	CATION/PREAPPLICATION TO AND TO	TION ARE TRUE AND COM HE APPLICANT WILL COM	KRECI, INE MPLY WITH THE		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	TAUTHORIZED BY THE G THE ASSISTANCE IS AW	overning bodt of in ARDED.	IE MELLICARI MIND (
a. Type Name of Authorized Rei	presentative	b. Title		c. Telephone Number (208) 461-0022			
Caleb Roope, Manager of	of: ROOPE, LLC	General Partner			= 02		
d. Signature of Authorized Repri	esentative		16		5-02		
				O4 Eorm	424 (Rev. 7-97)		

USDA RD DAVIS CA

APPLICATION F	ni e		in V		Insl	OMB Approval No. 0348-004
FEDERAL ASSIS		2. DATE SUBMITTED		Applicant Ider	brier	Alti Z O 2002
FEDERAL M9913) ∦ %#∏ # (← 	April 25	5, 2002			
1. TYPE OF SUBMISSION	8 1	3. DATE RECEIVED BY	STATE	State Applicat	an Idei	ATE CLEARING HO
Application	Preapplication		CERTIAL ACENEY	Federal Identi	101/	ATE OLLATION
Construction	Construction Non-Construction	A DATE RECEIVED BY	2 6 2002	receial identi	191	
Non-Construction 5. APPLICANT INFORMA		350 30	<u>,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>		
Logal Marro:			Organizational Unit;			
UKIAH SUMMEF	RCREEK ASSOCIAT	TES,A CALIFORNIA	A LIMITED PAR	TNERSH	Р	
Address (give city, county,	State, and zlp code):				on to be	a contacted on matters involving
13 - 12th Avenue	South, Nampa	•	this application (give at	iciates / A	ttn: N	Margo 530/82 <mark>3-</mark> 9250
Canyon County,			020 10120			
6. EMPLOYER IDENTIFIC			7. TYPE OF APPLICA	NT: (enter app	ropriate	
				II laadan ahada	ur Caba	N N N N N N N N N N N N N N N N N N N
			A. State B. County	H. Independe		stitution of Higher Learning
8. TYPE OF APPLICATION			C. Municipal	J. Private Uni		34154011 41 11 J. 12 4 11 11 15 15 15 15 15 15 15 15 15 15 15
<u>~</u>	New Continuation	Revision	D. Township	K. Indian Trib	8	
If Revision, enter appropria	ite letter(s) in box(es)		E, Interstate	L. Individual		
			F. Intermunicipal G. Special District	M. Profit Orga N. Other (Spe		n Partnership
/ I: III or occident in an a	, , , , , , , , , , , , , , , , , , , ,	ease Duration	G. Special District	ia. Other (Ope	Ciry)	7 0,0,0,0
D. Decrease Duration (Other <i>(specify):</i>		9. NAME OF FEDERA	AL AGENCY:		
***			UNITED STATES	S DEPARTI	NENT	OF AGRICULTURE
to alterior or state	AL DOMESTIC ASSISTANCE	C AT IMPRED.	11. DESCRIPTIVE TO	TLE OF APPLI	CANT	S PROJECT:
10. CATALOG OF FEDER	AL DOMESTIC MOOK ITHOU		. 1			
			apartment project - 64 total units consisting of 24 2-bdrm,			
TITLE: Rural R	ental Housing Section 5	15 (RRH-515)	32 3-bdrm, & 8 4-bdrm units to be built on 4.7 acres located at 735 Porzio Lane in Ukiah, Mendocino County,			
	Y PROJECT (Cities, Counties,	, States, etc.):				
Ukiah, Mendocino Co	ounty, California		California.			
13. PROPOSED PROJEC	14. CONGRESSIONAL	DISTRICTS OF:				
Start Date Ending D	ate a. Applicant		b. Project			
9/1/92 5/1/9)3 Dis	strict #1			ict #1	
15. ESTIMATED FUNDING	3;				REVIE	W BY STATE EXECUTIVE
	10	QD .	ORDER 12372 PR	ROCESSY		
a. Føderal	\$	500,000	a. YES. THIS PREA	APPLICATION	APPLI	CATION WAS MADE
b. Applicant	\$	qo qo	AVAILABLE	E TO THE STA	TE EXI	ECUTIVE ORDER 12372
		138,421	PROCESS	FOR REVIEW	ON:	
c. State	\$.00	DATE			
d. Local	\$	œ	-			-
d. Local	•	1,000,000	J b. No. ☐ PROGRA	AM IS NOT CO	VERE	BY E. O. 12372
e. Other	\$	1,130,000	OR PRO		OT BEE	N SELECTED BY STATE
f. Program Income	\$	Da .	47 IS THE ADDI ICA	NT DELINOUS	AO TM	ANY FEDERAL DEBT?
g. TOTAL	\$		Yes if Yes,			
		2,768,421				
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF	, all data in this appli	CATION/PREAPPLICAT	TION ARE TRU	JE ANI	CORRECT, THE
DOCUMENT HAS BEEN	DULY AUTHORIZED BY THE	E GOVERNING HODY OF TH AMARDED	AL APPLICANT AND II	HE APPLICATI		_ COMILE PRESENTATION
a. Type Name of Authorize	ES IF THE ASSISTANCE IS	b. Title		с. Telephone		
Caleb Roope, Mana	ger of: ROOPE, LLC	General Partner		(208) 461		
d. Signature of Authorized				e. Date Signe	:d 4 -	35-03

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			, i	IS ROBING I	
APPLICATION FOR				E Compeando Sas 0843	
FEDERAL ASSISTAN	NCE	2 DATE SUBMITTED		Applicant Identifier	
		April 25		APR 2 6 2002	
1. Type of Submission:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier - 01 - A DINIO LIOUS	
Non-Construction	Non-Construction	APA	2 6 2002	Federal Identifier STATE CLEARING HOUSE	
5. APPLICANT INFORMATION					
Legal Name:	OF ACCOCIATES	A CALIEODNIA	Organizational Unit: LIMITED PAR	TNERSHIP	
	CE ASSOCIATES	, A CALIFORNIA		umber of person to be contacted on matters involving	
Address (give city, county, State,			this application (give as	rea mda)	
13 - 12th Avenue Sou		•	Gar-Mar Asso	ciates / Attn: Margo 530/823-9250	
Canyon County, Idah			7 TYPE OF ARRIVA	NT: (enter appropriate letter in box)	
6, EMPLOYER IDENTIFICATION	Number (EIN):		ļ	H. Independent School Dist.	
8. TYPE OF APPLICATION:				I. State Controlled Institution of Higher Learning	
8. TYPE OF APPLICATION:	Continuation	Revision	C. Municipal	J. Private University	
			D. Tolellamp	K. Indian Tribe L. Individual	
If Revision, enter appropriate lette	er(s) in box(es)			M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	1 / ////	N. Other (Specify) Partnership	
	specify):		9. NAME OF FEDERAL AGENCY:		
			UNITED STATES	DEPARTMENT OF AGRICULTURE	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
		10-415	LAKE TERRACE	APARTMENTS - Affordable rental	
Titus: Rural Rental	Housing Section 515	(RRH-515)	housing apartmen	nt project - 60 total units consisting of 24	
12. AREAS AFFECTED BY PRO	DJECT (Cities. Countles, Sta	ates, etc.):	2-bdrm, 28 3-bdrm, & 8 4-bdrm units to be built on 6.1 acres at 7055 Old Highway 53 in Clearlake, Lake County,		
Clearlake, Lake County, C	California		California.	inginital community	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b, Project		
9/1/02 5/1/03	Distric	ct #1		District #1	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE	
		Δij	ORDER 12372 PR	OCESS?	
a, Federal	s	500,000	A YES. THIS PREA	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	119,737	AVAILABLE TO THE STATE EXECUTIVE ORDER 12 PROCESS FOR REVIEW ON:		
c. State	\$	00	DATE		
d. Local	\$	1,000,000	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372	
e, Other	\$	775,000 ²⁰	OR PROC	GRAM HAS NOT BEEN SELECTED BY STATE VIEW	
f. Program Income	\$	<u>-</u>	17. IS THE APPLICAT	NT DELINQUENT ON ANY FEDERAL DEBT?	
g, TOTAL		2,394,737	Yes If "Yes,"	attach en explanation.	
18, TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATTOM/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	IE APPLICANT AND TI	HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Type Name of Authorized Rep		ARDED. b. Title		c. Telephone Number	
a. Type Name of Authorized Rep Caleb Roope, Manager of	if: ROOPE, LLC	General Partner		(208) 461-0022	
d. Signature of Authorized Repre	esentative		····	e. Date Signed V-25-02	
1 /6					

APPLICATION FOR	CANAL CONTRACTOR OF THE CONTRA		A ANNUAL CONTRACTOR OF THE PROPERTY OF THE PRO	E G EME Additional de la companya de
FEDERAL ASSISTANCE		2 DATE SUBMITTED April 25, 2002		Applicate title
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	DEY STATE	Sam Aprilication Identifier 2002
Application	Preapplication		NOMETOEDE ACENE	7 Federal Centifier
Construction Non-Construction	Construction Non-Construction	4 DATE RESERVE	SAY FEDERAL MENC	STATE CLEARING HOUSE
S APPLICANT INFORMATION		Lance and a function of the control		
Legal Name: ARCATA HUMBOL	DT ASSOCIATES	A CALIFORN	Organizational Unit	VRTNERSHIP
Address (give city, county, State			Name and telephor	number of person to be contacted on matters involvin
13 - 12th Avenue So	manufacture and a state of the second		this application (gar	e area code) sociates / Altin: Margo 530/823-9250
Canyon County, Idah				
B. EMPLOYER IDENTIFICATIO			7. TYPE OF APPL	ICANT; (enter appropriate letter in box)
			A State	Hy independent School Dist.
EL TYPE OF APPLICATION			B. County	I. State Controlled Institution of Higher Learning
☑ No	w Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
if Revision, anier appropriate let	ter(s) (in boux(es)		E interstate	L individual
			F Intermunicipal	
A Increase Award B. De D. Decrease Duralion Other	preside a strain of	se Duration	G. Specal Distric	
T Declesse Daragen Orien	(5664)).		9. NAME OF FEDE	ERAL AGENCY:
			UNITED STAT	TES DEPARTMENT OF AGRICULTURE
10 CATALOG OF FEDERAL D	ALCONO ACCIOTANCE A	Distriction.	11 DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:
10. CATALOG UP PEDERALL	OMES (IC ASSISTANCES	10-41	The state of the s	YARDS AT ARCATA - Affordable rental
		T. T. J.	housing apart	ment project - 64 total units consisting of 8
TITLE: RUISI HENTE 12 AREAS AFFECTED BY PR	Housing Section 515	(KKE-212) Stes etc):	1-bdrm, 16 2-t	odm. 32 3-bdm, & 8 4-bdm units to be
Arcata, Humboldt County	Transport Control (2) Administration			cres At 1101 Guintoli Lane in Arcata. Inty, California
1 mm	14. CONGRESSIONAL D	INCTS OF		
13 PROPOSED PROJECT	14. CONGRESSIONAL D	1217G015 G1;		
Start Date Ending Date 9/1/02 5/1/03	a Applicant Distr	ict #1	b Project	District#1
15 ESTIMATED FUNDING			the state of the same of the s	ON SUBJECT TO REVIEW BY STATE EXECUTIVE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5		ORDER 12377	
a: Federal		500,000	a, YES. THIS P	REAPPLICATION/APPLICATION WAS MADE
b. Applicant	5	91,053		IBLE TO THE STATE EXECUTIVE ORDER: 12972 ISS FOR REVIEW ON:
c. State	\$	100	DAVE	
d Local	S	350,000	b, No. PRO	GRAM IS NOT COVERED BY E. O. 12372
e. Other	\$	880,000	□ OR P	ROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW
f. Program Income	5	D0		
		00		CANT DELINQUENT ON ANY FEDERAL DEBT?
g, TOTAL		1,821,053	to the beautiful to the second with the	e allach an explanation.
18 TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LL DATA IN THIS AF	PUCATION/PREAPPL	CATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE G F THE ASSISTANCE IS AM	MACOED.	IE INE AFFILIAME AN	DITHE APPLICANT WILL COMPLY WITH THE
A Type Name of Authorized Re	presentative	b. Title		C Telephone Number (208) 461-0022
Caleb Roope, Manager d. Signature of Authorized Rep	ot ROOPE, LLC	General Partn		a. Date Signed 2.5 - Da-
a. signature of Authorized Mep	- Contedora		A STATE OF THE STA	43-43-43-47-7-7-7

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Standard Form 424 (Rev. 7-97)

APPLIC	ATION FOR	t					18 harry No. 0249 5	
FEDERAL ASSISTANCE		2. DATE SUBMITTE			Vieiffet de l'échaptier	MS Approval No. 0348-0		
			4/19/02		101	The Manager A	<u></u>	
1. TYPE OF	SUBMISSION:		J. DATE RECEIVED	BY STATE		State Application Identifie	, 	
Application Consti		Preapplication				APR 2 5 2002	י ו(עון)	
		Construction	4 DATE RECEIVED	BY FEDERAL A	GENC	Federal Identifier		
The second secon	onetruction It information	Non-Construction						
Legal Name:	I III OKIMATIOI			Organization	ATA	TE CLEARING H	OUSE	
		f Ventura		Organization		ounty Executi		
Address (give	city, county, Stell	e, and zip code):		Name and te	ephone	number of person to be con	tacted on matters involve	
800 5	y or ven	tura.County E ia Avenue L#	Exec. Office	Name and telephone number of person to be contacted on matter this application (give area code) Paul Derse				
	ra, CA		1940			(805) 66	2-6792	
6. EMPLOYE	R IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF	APPLIC	ANT: (enter appropriate latte	an in H. a	
95-	-600	0 9 4 4				(enter appropriate latte	B B	
A TYPE OF A	PPLICATION:			A. State		H. Independent School Dis	st	
0.11.20.2		C	_	B. County		I. State Controlled Institution	on of Higher Learning	
	Nev	w Continuation	Revision	C. Municipa D. Township		J. Private University K. Indian Tribe		
If Revision, en	ter appropriate let	ter(s) in box(es)		E. Interstate		L. Individual		
		ليب		F. Intermuni	dpal	M. Profit Organization		
A. Increase	Award B. Dec Duration Other		se Duration	G. Special C		N. Other (Specify)		
D. Decrease	Duration Other	specny):		0 11245 05				
1				9. NAME OF I	EDER	AL AGENCY:		
				USDA Rural Development				
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:			TLE OF APPLICANT'S PRO		
Commun	nity Faci	ilities	10-766			The second second second	VEC I.	
TITLE		Direct Loan	<u></u>	Oak	Viev	/ School		
12. AREAS AF	FECTED BY PRO	DJECT (Cities, Counties St.	s(es, etc.):	Acquisition & Improvement				
Commi	unith or	Oak View						
13. PROPOSE		y, California			-			
15. FROT GOE	PROJECT	14. CONGRESSIONAL DI	STRICTS OF:					
Start Date	Ending Date	a. Applicant		b. Project	-			
12/02	12/03	23rd &	² 24th		1th			
15. ESTIMATE	D FUNDING:			16. IS APPLIC	ATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE	
a. Federal		\$	60	ORDER 12				
		1,300,		- VEC 7146				
b. Applicant		\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
- 64-1-				PRO	CESS	FOR REVIEW ON:	E ORDER 12372	
c. State		\$, tic					
d. Local		\$	- 00	DATE	= 44	/25/02		
			•	h No Tipo	000	MIC NOT COMPORE ON F		
e. Other		\$	00	U. NO. ∐ PR	PROG	M IS NOT COVERED BY E. RAM HAS NOT BEEN SELE	O. 12372 CTED BY STATE	
Co. co. c. t.					REVI		CILDOI SINIE	
f. Program Income \$, oc					
g. TOTAL \$			00	17. IS THE APP	LICAN	T DELINQUENT ON ANY F	EDERAL DEBT?	
1,300,000				Yes IT	res," a	ttach an explanation.	≥ No	
18. TO THE BES	T OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TION/PREAPP	LICATI	ON ARE TRUE AND CORR	ECT THE	
		NUTHORIZED BY THE GOVERNMENT OF A STATE OF THE ASSISTANCE IS AWAI	LEMMING MEILLA LIE AME	APPLICANT A	ND TH	ON ARE TRUE AND CORR E APPLICANT WILL COMP	LY WITH THE	
. Type Name of	Authorized Repre	THE MODICI ANDE IS AWA!	RDED. b. Title Chiet		·			
Pakil I	erse	1	Deputy Exec.	Office	r 1	c. Telephane Number (805) 662-61	792	
I. Signate to of	narized Represe	ntalive		<u> </u>		e. Date Signed	134	
revious Edition	Usable				- [4/25/02		
PAIDRE EGITION	OSable					Standard Form 42	1.6. 7.67	

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1. TYPE OF SUBMISSION: Application Preapplication	2. DATE SUBMITTE 4/26/		Applicate Identified IV		
Application Preapplication		02	Applicate lathing [V E D		
☐ Construction ☐ Construction	3. DATE RECEIVED		State Application Identifier APR 2 5 200	2	
Mon-Construction Non-Construction 5. APPLICANT INFORMATION		BY FEDERAL AGENCY	Federal Identifier		
Legal Name:		Organizational Light	STATE OF ENDINO	10110	
CITY OF SANTA CLARA		Organizational Unit STATE CLEARING HOUSE WATER AND SEWER UTILITIES			
Address (give city. county, State, and zip code): 1500 WARBURTON AVENUE SANTA CLARA, SANTA CLARA CO	Name and telephone number of person to be contacted on matters involving this application (give area code) CHRIS deGroot (408) 615-2014				
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7 TYPE OF APPLIC	ANT: (enter annopriato lottes in	havi	
94-6000426	7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist.				
8. TYPE OF APPLICATION:		B. County	I. State Controlled Institution of	f Higher Learning	
🗓 New 🔲 Continuatio	on Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	, riigher Ecalthing	
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. Individual		
	crease Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)		
D. Decrease Duration Other(specify):		9. NAME OF FEDER	VAL AGENCY:		
		ENVIRONMENT	TAL PROTECTION AGEN	ICY	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE	CE NUMBER:		ITLE OF APPLICANT'S PROJE		
Security Planning Grants		Vulnerabili	ity Assessment and	Emergency	
THILE: for Large Drinking Wa	ater Utilities	Operating P Santa Clara	Plan Review for Cit Water Utility	y of	
12. AREAS AFFECTED BY PROJECT (Cities, Counties City of Santa Clara, CA	s, States, etc.):				
13. PROPOSED PROJECT 14. CONGRESSIONA	AL DISTRICTS OF;			-	
Start Date Ending Date a. Applicant 14th-6/1/02 12/31/03 15th-Mike Ho	-Anna Eshoo		Anna Eshoo Míke Honda	-	
15. ESTIMATED FUNDING:			SUBJECT TO REVIEW BY STA	ATE EXECUTIVE	
a. Federal \$ 11	5,000				
b. Applicant \$,90	aVES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
c. State \$, vo		FOR REVIEW ON:		
d. Local \$,00		4/26/02		
e. Other \$. 60	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
Program Income \$	00				
, TOTAL \$	5,000	1	NT DELINQUENT ON ANY FEDI attach an explanation.	ERAL DEBT?	
8. TO THE BEST OF MY KNOWLEDGE AND BELIEF,	, ALL DATA IN THIS APPLIC GOVERNING BODY OF TH	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT	T THE	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE	AWARDED.			1	
ATTACHED ASSURANCES IF THE ASSISTANCE IS A Type Name of Authorized Representative	b. Title		c. Telephone Number		
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A			c. Telephone Number (408) 615-2210 e. Date Signed 4/25/02		







STATE CLEARING HOUSE

U.S. Department of Transportation

Application for Federal Assistance

Recipient ID:	1675	
Recipient Name:	ecipient Name: SANTA CRUZ METROPOLITAN TRANSIT DISTRICT	
Project ID:	CA-90-Y213	
Budget Number:	1 - Budget Pending Approval	
Project Information: FY2002 Operating Assistance		

Part 1: Recipient Information

Project Number:	50 Y213		
Recipient ID:	1675		
Recipient Name:	cipient Name: SANTA CRUZ METROPOLITAN TRANSIT DISTRICT		
Address:	370 ENCINAL ST SUITE 100, SANTA CRUZ, CA 95060 0000		
Telephone:	Telephone: (831) 426-6080		
Facsimile:	(831) 426-6117		

Part 2: Project Information

Project Type:	Grant	Gross Project	\$30,849,000	
Project Number:	CA-90-Y213	Cost:	\$50,043,000	
Project Description:	F) 2002 Operating Assistance	Adjustment Amt:	\$0	
Recipient Type:	Transit Authority	Total Eligible Cost:	\$30,849,000	
FTA Project Mgr:	Page, Paul	Total FTA Amt:	\$1,229,934	
Recipient Contact:	Thomas Hiltner	Total State Amt:	\$0	
New/Amendment:	New	Total Local Amt:	\$29,619,066	
Amend Reason:	None Specified	Other Federal Amt:	\$0	
		Special Cond Amt:	\$0	
Fed Dom Asst. #:	20205			
Sec. of Statute:	6907	Special Condition:	None	
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified	
Start/End Date:	Jul. 01, 2002 - Jun. 30, 2003	S.C. Eff. Date:	None Specified	
Recvd. By State:		Est. Oblig Date:	None Specified	

Page 2 of 4

EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan):	Apr. 10, 2002
Program Page:	CTIPS p. 55
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

	Pre-Award Authority?:	Yes
The last of the last	Fed. Debt Authority?;	No
	Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
62270	SANTA CRUZ, CA

Congressional Districts

State ID	District Code	District Official
6	17	Sam Farr

Project Details

FY 2002 OPERATING ASSISTANCE FOR SCMTD: This grant application requests funds for one project, FY 2002 Operating Assistance.

1. OPERATING ASSISTANCE (5307-2002): This project provides funds to assist public transit operation in

the urbanized areas of Santa Cruz and Watsonville from July 1, 2001 through June 30, 2002.

Part 3: Budget

Project Budget

<u>Quantity</u>	FTA Amount	Tot. Elig. Cost
0	\$1,229,934	\$30,849,000
0	\$1,229,934	\$30,849,000
Estimated To	tal Eligible Cost:	\$30,849,000
	0 0 Estimated To	

Page 3 of 4

Federal Share:	\$1,229,934
Local Share:	\$29,619,066

No Amendment Funding Source information is available for the selected project

Extended Budget Descriptions

30.09.00	OPERATING ASSISTANCE - 50% (USE FPC 04)	0	\$1,229,934	\$30,849,000
FY 2002 C	Operating Assistance from FTA5307. Santa Cruz/Watsor	ville	e UZAs, 7 /1/20	001-6/30/2002

Part 4. Milestones

30.09.00 OPERATING ASSISTANCE - 50% (USE FPC 04)

0 \$1,229,934

\$30,849,000

	Milestone Description	Est. Comp. Date
1.	Operate fixed-route Transit	Jun. 30, 2002
	Operate urbanized area, fixed-route public transit service from 7/1/2001 through 6/30/2002 in Santa Cruz County.	
2.	Final Expenditure	Sep. 30, 2002
	Operate public transit service in the urbanized area of Santa Cruz and Watsonville from 7/1/2001 through 6/30/2002. Invoice reimbursement of FTA share by 9/30/2002.	

Part 5. Environmental Findings

300900 OPERATING ASSISTANCE - 50% (USE FPC 04)

0 \$1,229,934

\$30,849,000

Finding No. 1 - Class II(c)

C16 - Program Admin. & Operating Assistance

Program administration, technical assistance activities, and operating assistance to transit authorities to continue existing service or increase service to meet routine changes in demand.

Part 6: Fleet Status

Fixed Route

04/23/02 TUE 06:59 FAX 209 732 3481 Application for Federal Assistance

OMB Approval No. 0348-0043

710010101100		2. Date Submitted (mr	m/dd/yyyy)	Applicant Identifier
		1	/	TERFIVE IN
1. Type of Submiss		3. Date Received by S	State (mm/dd/yyyy)	State Amplication-Identifier
Application	Pre-applicatio		/	
☐ Construction ☐ Non-Constru	KN		Federal Agency (mm/dd/yyyy /	Federal dentifier 3 2002
		delibit 1 1	1	
5. Applicant Informa Legal Name	tion		Organizational Unit	THE HOUSE
Legal Name	Poplar Chamber of Cor	nmerce	Organizational Onit	STATE CLEARING HOUSE
Address (give city, cou	unty, State, and zip code)		Name and telephone num	ber of the person to be contacted on matters involving this
P.O. Box 338			application (give area cod	e)
Poplar, CA 9 Tulare Count			Mike Cl. (559) 78	
6. Employer Identifica	ution Number (EIN) (xx-yyyyyy)	')_	7. Type of Applicant (enter appropriate letter in box)
7 7 - 0	5 1 4 0 9 3		A. State	J. Private University
B. Type of Application	1:		B. County	K. Indian Tribe
New [Continuation Revi	sion	C. Municipal D. Township	L. Individual M. Profit Organization
			E. Interstate	N. Nonprofit
If Revision, e	nter appropriate letter(s) in b	ox(es):	F. Inter-municipal	O. Public Housing Agency
A Increase	Award B. Decrease Aw	ard C Increase Duration	G. Special District H. Independent School	P. Other (Specify)
	Duration Other (specify)			tution of Higher Learning
	·,		9. Name of Federal Agen	•
			,	Rural Housing Service
10. Catalog of Federa	l Domestic Assistance Number	(xx-yyy)	11. Descriptive Title of A	
		1 0 - 7 6 6	Renovation of the	community building in Poplar
Title: Commu	nity Facilities Grants			
12. Areas Affected by	Project (cities, counties, States	etc.)	1	
Poplar, Tulare C	ounty, CA			
		1		
13. Proposed Project Start Date (mm/dd/yyyy	/) Ending Date (mm/dd/yyyy)	14. Congressional Districts o a. Applicant	Г	b. Project
02/01/200		a. Applicant	21st	21st
15. Estimated Fund			1	biect to Review by State Executive
		<u> </u>	Order 12372 Proc	
a. Federal	\$	20,000 .00		application/application was made available to the
b. Applicant	\$	5,000 .00		e Order 12372 Process for review on:
c. State	\$		Date (mm/dd/y	yyy) 0 4 / 1 9 / 2 0 0 2
	Ψ	40,000 .00		
d. Local	\$.00	b. No Progr	am is not covered by E.O. 12372
e. Other	\$.00	or Progr	am has not been selected by State for review.
f. Program Income	\$.00	1	elinquent on Any Federal Debt?
	1		Yes If "Yes,"	' attach an explanation 🔀 No
g. Total	\$	65,000 .00		
				true and correct, the document has been duly ached assurances if the assistance is awarded.
a. Typed Name of Auth		b. Title		c. Telephone Number (include Area Code)
	Michael D. Clark		President	(559)784-5486
d. Signature of Authoriz	zed Representative	3		e. Date Signed (mm/dd/yyyy) 4 / 22 / 02
Previous Edition Us Authorized for Local				form SF-424 (7/97) Prescribed by OMB Circular A-102
, miligrized for Local	. Opioudollon			, ibdoi;bod by Sirib Circulat // Tob

OMB	Approval	Nα	0348-004	•
CIVIL	ADDIOVAL	NO.	U340-UU4	Ĺ

FEDERAL ASSIST	A N17 1			
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1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	'STATE	State Application Identifier
Application X Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	1		
APPLICANT INFORMATIO	JN		Organizational Unit:	
Legal Name: Tulare (ounty	*	1 -	Department
Address (give ciţy, county, Sta				number of person to be contacted on matters involving
	ith Lovers Lane	Secretary and the secretary of the second	this application (give ar	
	Tulare, CA 9329	92 1 0 1//	Witness.	Marrone (559) 732-5954
. EMPLOYER IDENTIFICAT	O 5 4 5	APR 2 3 20	7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
		20 20	J.A. State	H. Independent School Dist.
. TYPE OF APPLICATION:		QTA	B. County	I. State Controlled Institution of Higher Leaming
N X	ew Continuation	STATE REVISIONING H		J. Private University
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Revision, enter appropriate l	etter(s) in box(es)		y · ·	L. Individual M. Profit Organization
A. Increase Award B. D	ecrease Award C. Increase	e Duration		N. Other (Specify)
D. Decrease Duration Othe	er(specify):		9. NAME OF FEDERAL	AGENCY:
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. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TITL	E OF APPLICANT'S PROJECT:
			S.P.A.C.E.	
Communit	y Facilities Loan			ing, Access, and
IIILE:			-	tion of Energy
AREAS AFFECTED BY PI Tulare County	ROJECT <i>(Cities, Counties, Sta</i> communities of Pi	tes, etc.):	Conserva	LION OF Energy
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	OMB	Approval	No.	0348-004
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Application	Preapplication		.,	- into the production in the p	
X Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	٧				
Legal Name:			Organizational Unit:		
Tulare Co				Department	
Address (give city, county, Stat	e, and zip code):	•		number of person to be contact	ed on matters invo
	th Lovers Lane		this application (give ar	rea code)	
Visalia,	Tulare, CA 93	292	Lisa	Marrone (559) 73	32-5954
S. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)
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				H. Independent School Dist.	L
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revision, enter appropriate lei	res(a) in pox(ea)	J App a	<i>p</i> .	M. Profit Organization	
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			USDA United	States Department	t of Agric
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			_	tion of Energy	
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	communities of I	Pixlev.			
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Terra Bella, Tipto		and Cutler.			
Terra Bella, Tipto 3. PROPOSED PROJECT	on, Woodville, a	and Cutler.		· ·	
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APPLICATION FO	R		- 1	OMB A	Approval No. 0348-004
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED		rpicant enter E	Ve Bern
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier	11111
Application	Preapplication Construction			JUU APR 232	002 11111
X Construction Non-Construction	Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATIO				STATE OF	
Legal Name:			Organizational Unit:	STATE CLEARING	HOUGE
Tulare (County	•			
Address (give city, county, Sta				number of person to be contact	ed on matters involving
	ith Lovers Lane		this application (give a	•	
	Tulare, CA 9329	92		Marrone (559) 7:	
6. EMPLOYER IDENTIFICATI			7. TYPE OF APPLICA	ANT: (enter appropriate letter in	· / /
94 — 600	0 5 4 5		A. State	H. Independent School Dist.	В
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution o	f Higher Learning
TX N	ew Continuation	Revision	C. Municipal	J. Private University	. 0
			D. Township	K. Indian Tribe	
If Revision, enter appropriate le	etter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. De	ecrease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
	er(specify):		·		
			9. NAME OF FEDERA	AL AGENCY:	
			USDA United	States Department	t of Agricul
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJE	CT:
		10 - 766	S.P.A.C.E.		
TITLE: Communit	y Facilities Loar	s and Grants		bing, Access, and	
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties, Stat	es, etc.):	Conserv	ation of Energy	
Tulare County	communities of Pi	.xley,			
Terra Bella, Tipt					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date 10-1-02 Ending Date 9-30-03	a. Applicant District	20	b. Project Distr	ict 20	
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g. TOTAL	\$ 6	7,650	Yes If "Yes," at	tach an explanation.	X No
18. TO THE BEST OF MY KNO			L ATION/PREAPPLICATION	ON ARE TRUE AND CORREC	T, THE
DOCUMENT HAS BEEN DULY					
ATTACHED ASSURANCES IF					
a. Type Name of Authorized Rep David Hillman	presentative	.Title Chief		:. Telephone Number (559) 732-5954	
d. Signature of Authorized Repre	esentative ()) (Date Signed 7 / 02	
Previous Edition Usable				Standard Form 424 (Rev. 7-97)

APPLICATION FOR	2. DATE SUBMITTED		Applica	Applicant identifier						
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5. APPLICANT INFORMA										-
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Address (give city, county, state,	and zip code):			Name and	telephone	number	Sperator	o be c	ontacted on ma	tters involving
PO BOX 413				this applic	ation (give	area ceg		F BESSE Style	30 Capper 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ y = 0 to = 500
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APPLICANT WILL CON	APLY WITH THE	ATTACHED AS	SURANC	ES IF T	HE ASSI	STANC	E IS A	WARD	ED.	
a.Type Name of Authorized Re			b. Title						c. Telephone N	umber
LINDA MCQUEEN	7		EXE	CUTIVE	E DIRE	CTOR			(707) 4	63-0303
d Signature of Authorized Rep		L							e. Date Signed	
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Provides Edition Usable AUTHORIZED FOR LOCAL REF	7	,							ARD FORM	

APPLICATION FOR					 			OME	3 App	roval	No. 0	348-	-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED 4/19/02		Арр	dan	1 de	neligion	GE		V	[]	T	\int_{Ω}
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Non-Construction	Non-Construction		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		LIFE						
5. APPLICANT INFORMATION					_		page para d	A 1 PP 1	E SUR F (
Legal Name: City of	f Se l ma		Organizational Unit: Fire	Der	5	I A	TE (CLEA	ग्ता	NG	HU	U	<u>J</u>
Address (give city, county, State,	, and zip code):		Name and telephone		-			be conti	acted	on m	attens	Invo	JVI
	ucker Street		this application (give a										
	CA 93662		Roseann Gal	/an	55	9/8	396-	1064					
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☐ New	Continuation	Revision	C. Municipal				ive rsi ty			•		•	
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Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR	₹			OME	3 Approval No. 0348-00
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED		Applicant Identifier	
				Tulare County H	Fire Departme
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	BY STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction Non-Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION					*****
Legal Name:			Organizational Unit:		
Tulare County			Fire Depart	ment	
Address (give city, county, Stat	e, and zip code):			number of person to be conta	cted on matters involving
1968 South Love	rs Lane		this application (give ar	rea code)	
Visalia, Tulare	, CA 93292		Lisa Marron	e (559) 732 – 595	54
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter	in box)
94-6000				() // / / / / / / / / / / / / / / / / /	В
				H. Independent School Dist.	
8. TYPE OF APPLICATION:				I. State Controlled Institution	of Higher Learning
X Ne	w Continuation	Revision		J. Private University K. Indian Tribe	
If Revision, enter appropriate le	tter(s) in box(es)	Control of the Contro		L. Individual	
ii revision, enter appropriate to	.c.(a) 111 30.1(32)		1 6 /	M. Profit Organization	
A. Increase Award B. De	crease Award C Increase	Duration	1 1	N. Other (Specify)	*
D. Decrease Duration Other	(specify): 🔑	PR 2 2 2002			·
	MOSH THE SAME		9. NAME OF FEDERA	LAGENCY: USDA	
	STATE	CLEARING HOUSE	United States	Department of A	griculture
	Company of the Control of the Contro	THE RESERVE THE PROPERTY OF TH	- 1	LE OF ARRUGANTIA RES	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU		1"	LE OF APPLICANT'S PROJ	EGT:
		1 0 - 7 6 6	WaterS.H.E.D	•	
TITLE: Community	Facilities Loan	s and Grants	II - h C - 6	1 II 1 1-1 C T	· ·
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Stat	tes, etc.):	water Sale a to Dr	nd Healthy for E	mproyees
Dinuba rural, T	ulare County	•	LO DI	IIIK	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date Ending Date	a. Applicant	ort more recommendation of the second contract of the second contrac	b. Project		
Start Date Ending Date 9-30-03	District	20	Dist	rict 20	· Land
15. ESTIMATED FUNDING:			16. IS APPLICATION S	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
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Program Income	\$.00			
		0.0	17. IS THE APPLICANT	DELINQUENT ON ANY FE	DERAL DEBT?
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8. TO THE BEST OF MY KNOV			ATION/PREAPPLICATIO	N ARE TRUE AND CORRE	CT THE
OCUMENT HAS BEEN DULY					
ATTACHED ASSURANCES IF					
Type Name of Authorized Repr	esentative	o. Title		. Telephone Number	
David Hillman	0110	Chief		559) 732-5854	
. Signature of Authorized Repres	sentative (\ \ -() ()	le.	Date Signed X/(17	
revious Edition Usable	ex pres	~~~~		Standard Form 424	(Rev. 7-97)
uthorized for Local Reproduction	1			Prescribed by OMB	,

OMB	Approval	No.	0348-004
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APPLICATION FOR	₹			OME	3 Approval No. 0348-00
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED)	Applicant Identifier	
				Tulare County F	Fire Departme
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED	BY STATE	State Application Identifier	
Application Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED I	BY FEDERAL AGENCY	Federal Identifier	**************************************
5. APPLICANT INFORMATIO					W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-
Legal Name:			Organizational Unit:		
Tulare County			Fire Depart		
Address (give city, county, Sta.		•		number of person to be conta	cted on matters involvi
1968 South Love			this application (give ar	,	
Visalia, Tulare	e, CA 93292		Lisa Marron	.e (559) 732 – 595	14
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter i	in box)
94-6000	5 4 5		A. State	H. Independent School Dist.	В
8. TYPE OF APPLICATION:				I. State Controlled Institution	
₹ Ne	w Continuation	Revision		J. Private University	3
	FF:200-1			K. Indian Tribe	
If Revision, enter appropriate le	tter(s) in box(es)	TOTAL PARTY OF THE	Titres regards	L. Individual	
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Community	Facilities Loar	ns and Grants			
12. AREAS AFFECTED BY PR			Water Safe a	nd Healthy for E	mployees
Dinuba rural, T			to Dr	ink	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	<u> </u>	·	
Start Date	a. Applicant District	20	b. Project Dist	rict 20	
15. ESTIMATED FUNDING:			16. IS APPLICATION S	SUBJECT TO REVIEW BY ST	TATE EXECUTIVE
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. TOTAL	\$ 1	.6,500	Yes If "Yes," att	tach an explanation.	No
8. TO THE BEST OF MY KNOW	1		ATION/PREAPPLICATIO	N ARE TRUE AND CORRE	CT, THE
DOCUMENT HAS BEEN DULY					
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWAI				
. Type Name of Authorized Rep David Hillman	resentative	b. Title Chief	1.	. Telephone Number 559) 732-5854	
. Signature of Authorized Repre	sentative A	01		Date Sigged 8/03	
revious Edition Usable				Standard Form 424	(Rev. 7-97)
authorized for Local Reproductio	٦			Prescribed by OMB	Circular A-102

APPLICATION FOR	3			OMB Ap	proval No. 0348-0043
FEDERAL ASSISTA		2. DATE SUBMITTED		Applicant Identifier	
				Tulare County Fir	re Departmen
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:	4		Organizational Unit:		
Tulare County			Fire Depart	ment	
Address (give city, county, State	e, and zip code):			number of person to be contacted	on matters involving
1968 South Love			this application (give a	rea code)	
Visalia, Tulare			Lisa Marron	e (559) 732 – 5954	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in b	ox)
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		·	A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:				State Controlled Institution of I Brivete University	Higher Learning
∑ Ne	w Continuation	Revision		J. Private University K. Indian Tribe	
If Revision, enter appropriate le	tter(s) in box(es)	HAMP	1	L. Individual	
revision, since appropriate is	_			M. Profit Organization	
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D. Decrease Duration Other	(specify):	e Duration APR 2 2 2002	·	-	
•	/	2002	9. NAME OF FEDERA	LAGENCY: USDA	
	STA	TECH	United States	Department of Agr	ciculture
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	·	nes, etc.):	to Dr		
Dinuba rural, T	ulare County				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
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15. ESTIMATED FUNDING:			16. IS APPLICATION S	UBJECT TO REVIEW BY STAT	E EXECUTIVE
			ORDER 12372 PRO	CESS?	
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Program Income	\$, QQ			
			17. IS THE APPLICANT	DELINQUENT ON ANY FEDER	RAL DEBT?
. TOTAL	\$	6,500	Yes If "Yes," att	ach an explanation.	No No
8. TO THE BEST OF MY KNOV			TION/PREAPPLICATIO	N ARE TRUE AND CORRECT.	THE
DOCUMENT HAS BEEN DULY	·			,	
ATTACHED ASSURANCES IF	•				
. Type Name of Authorized Repr	esentative	b. Title		Telephone Number	
David Hillman		Chief		559) 732-5854	
. Signature of Authorized Repres	sentative \ \ \ - (7 0	e.	Date Signed 7/67	
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OMB Approval No 0348-0043 2. DATE SUBMITTED nt Identifier مح... **APPLICATION FOR** FEDERAL ASSISTANCE FYI 2002 Entitlement State Application Identifier 201 #05-2001-007 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE Application Preapplication □ Construction 4. DATE RECEIVED BY AGENCY Federal Identifier o Non-Construction o Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: City of Fresno Department of Transportation - Airports Address (give city, county, state and zip code): Name and telephone of the person to be contacted on matters involving this application (give area code) RECEIVED 4995 East Clinton Way Dan Card, Airports Development Manager Fresno, CA 93727 559-621-4513 APR 2 2 2002 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State H. Independent School Dist. 9 6 'n State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION C. Municipal Private University D. Township K. Indian Tribe E. Interstate L. Individual New O Continuation O Revision F. Intermunicipal M. Profit Organization If Revision, enter appropriate letter(s) in box(es) G. Special District N. Other (Specify): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): 9. NAME OF FEDERAL AGENCY: Federal Aviation Administration 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2 0 1 0 6 ASSISTANCE NO. Construct Terminal/Concourse and Airside/Landside TITLE: Airport Improvement Program (AIP) Improvements, Complete Airport Master Plan, Complete North Air Cargo (Phase 2). 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 18th 18th 10/2002 9/2005 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. YES. 3,497,295 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 388,588 DATE January 23, 2002 c. State b. NO. O PROGRAM IS NOT COVERED BY E.O. 12372 d. Local O OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL O Yes, If "Yes", attach an explanation ⊠ No 3.885.883 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRE-APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Charles R. Hayes

d. Signature of Authorized Representative

b. Title

C. Telephone

559-621-4600

e. Date Signed

Previous Editions Not Usable

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043 2. DATE SUBMITTED **APPLICATION FOR** Applicant Identifie AIP 3-06-0087-FFY2002 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE 1. TYPE OF State Application Identifier RCH#05-2002-002 SUBMISSION: APPROUGO 2/28/02 Application Preapplication ☑ Construction ... ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifie □ Non-Construction □ Non-Construction 5. APPLICANT INFORMATION Legal Name: nizational Unit: D City of Fresno Department of Transportation - Airports Name and telephone number of the person to be contracted on matters involving this application (give area code) Address (give city, county, state, and zip code) 4995 E. Clinton Wav Randal Scot Sheldon, Acoustic Pro (559) 621-4532 fax (559) 498-5549 andal Scot Sheldon, Acoustic Program Coordinator Fresno, CA 93727-1525 EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) П 10 A State H. Interdependent School District B. County State Controlled Institution of Higher Learning C. Municipal **Private University** D. Township K. Indian Tribe 8. TYPE OF APPLICATION: Interstate L. Individual M. Profit Organization F. Intermunicipal ⊠ New Continuation Revision G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): B. Decrease Award A Increase Award Increase Duration D Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY **Federal Aviation Administration** 10. CATALOG OF FEDERAL 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DOMESTIC ASSISTANCE Fresno Yosemite International Airport FAR PART150 NUMBER Noise Compatibility Program, Acoustically Treat TITLE Residences in the 65-75 CNEL contours of the NEM and acquire properties in the 70 and higher CNEL contours. Update Part 150 Noise Compatibility Program and Noise Exposure Map. 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF Start Date Ending Date a. Applicant b. Project 10/2002 9/2006 18th 18th 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal .00 S 2,750,000 a YES STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$ 305,556 .00 c. State \$.00 DATE: January 23, 2002 b. NO d. Local \$.00 PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$.00 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program income S .00 17. ISTHE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 3,055,556 Yes If yes, attach an explanation \bowtie 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Typed Name of Authorized Representative b. Title Telephone number Charles R. Hayes 559 621-4600 **Director of Transportation** d. Signature of Authorized Representative e. Date Signed ENERLY 27, 2002

Previous Editions Not Usable

Standard Form 424 (REV 4-88)

Prescribed by OMB Circular A-102

APPLICA				2. DATE SUBMITTED	W R n Applicant Identifier	DMB Approval No 0348-0043
FEDERAL	L AS	SISTAN	NCE	TE BELL	- V	2 Discretionary
1. TYPE OF SUBM	IISSION			3 DATE RECEIVED E		er RUH 05-2007-007
Application			application	113	2002	APPROVED 3/28/02
□ Construct	tion	⊠ c	Construction	DATERECEIVED		OF THE RCH
o Non-Const	truction	1 0 N	on-Construction		PRING HOUSE Organizational Unit: Department of Transportation - Airports	#304
5. APPLICANT INF	ORMAT	TON		- OFA	RINGHOUS	
Legal Name:				ISTATE ULLIN	Organizational Unit:	
City of Fresno				10		
Address (give ci 4995 East Clint Fresno, CA 937	on Wa	•	nd zip code):	grif	Name and telephone of the person to be contains application (give area code) Dan Card, Airports Development Manage 559-621-4513	J
6. EMPLOYER IDE	NTIFICA	TION NUMBE	ER (EIN):		7. TYPE OF APPLICANT: (enter appropriate let	ter in box)
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8. TYPE OF APPL			6 0 0	0 3 3 8		stitution of Higher Learning
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A. Increase	Award	B. De	ecrease Award	C. Increase Duration		
D. Decrease	Durati	on E. Ot	her (specify):		9. NAME OF FEDERAL AGENCY:	
					Federal Aviation Administration	
10. CATALOG OF ASSISTANCE		RAL DOMESTI	ic 2	2 0 - 1 0 6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJE	ст:
-					Design and Construct North Air Cargo (F	
TITLE: Airpo	ort imt	provement	Program (AIP)	Control System, Purchase Fingerprint Ed Additional Security Officers, Purchase To	
40 40540 45550			141	·	Design of Terminal/Baggage Claim, Reha	abilitate Runway 11L-29R
12. AREAS AFFEC	IED BY	PROJECT (C	ities, counties	, states, etc.):	(Phase 2), Complete Airport Environmen Airport Master Drainage Plan, Install and	
Counties of Fre	sno, N	ladera, Tul	are, Kings, M	erced and Mariposa	Install Guidance Lighting for SMGCS ope	
13. PROPOSED PR	ROJECT		14. CONGRE	SSIONAL DISTRICTS OF:		
Start Date	En	ding Date	a. Applicant		b. Project	
10/2002	و	/2005	18 th		18 th	
15. ESTIMATED FU	JNDING	:		 	JECT TO REVIEW BY STATE EXECUTIVE ORDER 12	
a. Federal			18,057,000	Y 1	PPLICATION/APPLICATION WAS MADE AVAILABLE TO CUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant			2,006,333	DATE Jan	nuary 23, 2002	
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g. TOTAL			20,063,333	O Yes, If "Yes", att	tach an explanation 🔲 No	
					N/PRE-APPLICATION ARE TRUE AND CORRECT, THE	
			Y OF THE APPL epresentative	CANT AND THE APPLICANT W	VILL COMPLY WITH THE ATTACHED ASSURANCES IF b. Title	THE ASSISTANCE IS AWARDED c. Telephone
Charles R. Haye			,		Director of Transportation	559-621-4600
d. Signature of A		ed Represe	intative /		·	e. Date Signed
(1/2)	nnl	1. K	//./.	1111		Jan 22, 2002
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Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FO	OR	2 DATE CURNITED		·	OMB Approval No. 0348-004:
FEDERAL ASSIST	TANCE	2. DATE SUBMITTED		Applicant Identifier	RCH=05-2002-003
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STA	TE	State Application Identifier	APPROVED 3/28/02
Application	Preapplication				
Construction	X Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	Federal Identifier	PCH RCH
Non-Construction	Non-Construction				#304
5. APPLICANT INFO	RMATION				
Legal Name: Southv	est Transpo	rtation Agency	Organization	al Unit: Joint Pot	vers Authority
Address (give city, county	, state, and zip code):		Name and te	elephone number of person to	be contacted on matters involving
20900 Haz	zel Ave.		this applicat	ion <i>(give area code)</i> Hunter, Direct	
Fresno Co			550/8	67-3536	201
Riverdale	e, Ca. 9365	6	1 229/0	07-3330	* · · *
6. EMPLOYER IDENTIFICA	TION (FIN):		7 71/05 05		
			7. TYPE OF	APPLICANT: (enter approriate	
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			B. County	H. Independent	olled Institution of Higher Learning
8. TYPE OF APPLICATION			C. Munici D. Towns	pa! J. Private Univ	ersity
	New Cor	tinuation Revision	E. Interst	ate L. Individual	
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If Revision, enter appropria	ite letter(s) in	dina alimina depot dinama di M. Maine depot mana amana emenantama manamani manamana manamana menena	or.		wers Authority
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	No.		USDA	. Rural Develor	oment
	ST	ATE CLEARING HOUSE		· ·	
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIP	TIVE TITLE OF APPLICANT'S	PROJECT:
	1	0 7 6 6	1	ced Transport	
TITLE:	<u> </u>		Techn	ology Training	g Center
12. AREAS AFFECTED BY	PROJECT <i>(Cities, Countie</i>	es, States, etc.)	1		·
Fresno (County (see	map)			
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13. PROPOSED PRO	JECT 14. CONGR	RESSIONAL DISTRICTS	OF:		
Start Date Ending Da	te a Applicant		b. Proj	ect 0.0	
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				. DATE	
d. Local	\$.00	-	,
			b.	NO PROGRAM IS NOT	COVERED BY E.O. 12372
e. Other	\$.00	OR PROGRAM HAS	S NOT BEEN SELECTED BY
	· ·		.00	STATE FOR REVIE	
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18. TO THE BEST OF	MY KNOWLEDGE	AND BELIEF ALL DAT	A IN THIS	APPLICATION/PREAPP	LICATION ARE TRUE AND
CORRECT. THE DOC	CUMENT HAS BEE!	N DULY AUTHORIZED	BY THE GO	OVERNING RODY OF T	HE APPLICANT AND THE
APPLICANT WILL GO	MPLY WITH THE	ATTACHED ASSURANCE	ES IF THE	ASSISTANCE IS AWAI	RDED.
a. Type Name of Authorized		b. Title			
Kirk Hunter	/ [_]		ector	et	559/867-3536
d. Signature Authorized	epresentative	/	·		a Data Sian-d
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Teta yape			Division of	Transportation	Planning	
P.O. Box 94	CA 94274-0001		Name and telephing application () Sharon Sche Office of R	erzinger, Chief legional and Inte Transportation	be contacted on matte (916) 653 ragency Plann	3- 3362
& EMPLOYER IDENT	FICATION NUMBER (EIN)		7. TYPE DE APPLIC	ANT lenter appropriate lett	erin box) . All	
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A Increase Awar	Ne+ 📆 Continua propriate letter(s) in box(es) [] c	tion Revision Increase Duration	D. Township E. Interstate F. Intermunion G. Special Dist	K Indian Tribe L Individual pa' M Profit Organ	užation	·
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			Department Federal Tra	of Transportatio nsit Adiministra	n tion. Region	ΤX
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c. State).	DO b NO [PROGRAM IS NO		J APR 22 2	2002
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Shapon Scher	nonzed Representative	1	Office		c Telephone num	mber
d Signatule of Author MACO Freedows Epitions Not to		95			(916) 653-3 e Date Signed 2/28/6 Stancard Form 424	02 (REV 4-88)
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California	Department	of Transp	ortation		"Transportation P	lanning
Address (pive city o				Name and telepho		e contacted on matters involving
P.O. Box 941 Sacramento.	CA 94274-	2 -0001		Sharon Sch Office of	erzinger Chief Regional and Inte	ragency Planning
Sacramento (f Transportation	
E EMPLOYER IDENTI	FICATION NUMBER	(EIN)		7. TYPE OF APPLIC	ANT: (enter zoprophate letter Hillindependent S	
ā		5101011	1 3 4 7	B. County C Municipal		ed Institution of Higher Learning
E. TYPE OF APPLICAT	אכן: 			D. Township E. Interstate	K. Indian Tribe L. Individual	
	□ Ne+	🔯 Continuat	ion 🗍 Revision	F. Intermunici		ation
Il Revision, enter app	propriate letter(s)	n box(es)		G. Special Dist	rist N Other (Spesify)
A Increase Awar			Increase Duration			
D. Decrease Dura	stion Other (spe	zity).		1. NAME OF FEDER	MALAGENSY: of Transportation	
				Federal Hig	hway Administrati	on, Region IX.
16. CATALOG OF FED	ERAL DOMESTIC	2 0	2 0 5	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:	
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Start Date	Ending Date	Inspice s			: Iuul	PH 2 2 2002
07/01/02	06/30/03	Statewic	le		Statevide	- HOLIOF
15. ESTIMATED FUNDI	NG:		15. IS APPLICATIO	N SUBJECT TO REVIE	W BY STATE EXECUTIVE AREER	GLEARING HOUSE
a Federal	s 30,044	,254	DU 225		N:APPLICATION WAS WADE? RDER 12372 PROCESS FOR F	
Applicant	\$.		D0 D4	ATE .03-02-2	2002	
c. State	2	•	DD b NO [: PROGRAM IS NO	T COVERED BY E D 12372	
d Local	s 3,892,	552	00 .	OR PROGRAM H	AS NOT BEEN SELECTED BY	STATE FOR REVIEW
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g TOTAL	\$ 33,936	,806	DO Yes I	l "Yes." attach an e	xplanation	No No
					TRUE AND CORRECT, THE DOCL	
a Typed Name of Au				b Title		c Telephone number
Sharon Sche		1		Office Chie	İ	(916) 653-3362
d Signature of Auth	orized Rapresenta	live / .				e Date Signed
(Ware	m ×	dam	Mas-			2/28/02
Previous Ecitions Not	1:52718	<i>wwy</i>	- 29 3		. F	Stancard Form 424 IREV 4-88

OMB Approval No 0348-0043

APPLICA.	TION FOR	?		2. 0	DATE S	UBMITTE	ΞD		ant Identifierعلى الم		
FEDERAL	. ASSIST	ANCE							AIP 3-0	06-0088-07	
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Application ☑ Construct		Preapplica Constru		4. 0	DATE R	RECEIVED	O BY	AGENCY	Federal Identifier	AFFROVED 3/28/02	
o Non-Const		Non-Cor	nstruction							O LED BOH	
5. APPLICANT INFO	ORMATION						Т	Organizational U	nit [.]		
City of Fresno				NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER.	POCETA SHERITA THE	NUMBER OF THE PERSONS AND THE	aserga	•	ransportation – Airports		
Address (give cit	ty, county, stat	e and zip	code):	Carlo Carlo	VI	- []	Ħ	Name and teleph	one of the person to be con	tacted on matters involving	
4995 East Clinto Fresno, CA 937	on Way 27	NE PROCESSE SECTION CONTRACTOR SECTION SECTION CONTRACTOR SECTION SECT	Al	PR 2 2	this application (give area code) Dan Card, Airports Development Manager 559-621-4513						
6. EMPLOYER IDE	NTIFICATION NU	MBER (EIN	STATE	CLEAR	ING I	HOUSE	5 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		ANT: (enter appropriate lette	C	
	9 4 -	6	0 0	0 :	3	3 8		A. State B. County	H. Independent School I I. State Controlled Insti		
8. TYPE OF APPLI	CATION							C. Municipal D. Township	J. Private University K. Indian Tribe		
⊠ New	v 0	Continua	ation		o Re	evision	İ	E. InterstateF. Intermunicipal	L. Individual M. Profit Organization		
If Revision, enter	r appropriate le	tter(s) in l	box(es)						t N. Other (Specify):		
A. Increase A D. Decrease		Decrease Other (sp		C. Incre	ease [Duration	'	9. NAME OF FEDER	AL AGENCY:		
						<u>.</u>	Federal Aviation Administration				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 2 0 - 1 0 6 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					Γ:						
			L	<u> </u>		11_	\exists	Fresno Chan	dler Downtown Airpo	rt	
TITLE: Airpo	ort Improveme	nt Progra	am (AIP)						30L Extension; Reha		
12. AREAS AFFECT	TED BY PRO IEC	(cities c	counties s	tates etc	.)·		\dashv	"A", Airtiela l Improvement	Orainage Improvemer	its, Security	
		•			•			mprovement			
Counties of Free	sno, madera,	i ulare, K	ings, mer	cea ana	marı	posa					
13. PROPOSED PR	OJECT	14. 0	CONGRESS	IONAL DIS	TRICT	S OF:					
Start Date	Ending Dat		pplicant						b. Project		
10/2002	9/2005	18 th	l						18 th		
15. ESTIMATED FU	INDING:			16. IS A	PPLIC	ATION SI	UBJE	ECT TO REVIEW BY S	STATE EXECUTIVE ORDER 123	72 PROCESS?	
a. Federal		1,	425,030	a. YES					ION WAS MADE AVAILABLE TO 2 PROCESS FOR REVIEW ON :	THE	
b. Applicant			50,420			DATE					
c. State			41,250	b. NO	. (O PROC	GRAI	M IS NOT COVERED	BY E.O. 12372		
d. Local					(O OR P	ROG	GRAM HAS NOT BEEN	SELECTED BY STATE FOR RE	/IEW	
e. Other											
	f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?										
g. TOTAL , 1,516,700 O Yes, If "Yes", attach an explanation 🖂 No											
AUTHORIZED BY TH	E GOVERNING I	BODY OF TI	HE APPLICA				WIL	L COMPLY WITH TH	RE TRUE AND CORRECT, THE I E ATTACHED ASSURANCES IF T	THE ASSISTANCE IS AWARDED	
1	e of Authorized	Represe	ntative				- 1	b. Title	an artation	c. Telephone 559-621-4600	
d. Signature of A		ocomot	-/-					Director of Trans	sportation	e. Date Signed	
u. Signature of Al	umonzeu Repr	csenianve]/							// -	
(h/l	Mest		ME	4						Jan 22, 2002	
Previous Editions	Not Usable	UE	- /			•			Stand	ard Form 424 (REV 4-88)	

APPLICATION FOR FEDERAL ASSISTANCE	CE 2. DATE	SUBMITTED		Applicant Identifier	эмь драгочагие. осто сото
1. TYPE OF SUBMISSION:	3. DATE	RECEIVED BY STATE	:	State Application Identifier	
Application Prea	pplication				
Construction	Construction 4. DATE	E RECEIVED BY FEDER	AL AGENCY	Federal Identifier	
	Non-Construction	119/02			
5. APPLICANT INFORMA		1.,,,			
	11014		Organization	al Unit	
Legal Name: Address (give city, county, state,	and zip codel:				e contacted on matters involving
City of Parlier	,		this applicati	ion <i>(give area code)</i>	-
1/00 E. Parlier Ave	,		Kenr	neth D. Hubler	
Parlier, CA 936			559-	T	
6. EMPLOYER IDENTIFICATION /			ļ		
6. EMPLOYER IDENTIFICATION /			7. TYPE OF	APPLICANT: (enter appipilate le	etter in box)
9 4 - 6 0	0039	0	A. State	H. Independent	School Dist.
O TYPE OF APPLICATION.		<u></u>	B. Count	y I. State Control	led Institution of Higher Learning
8. TYPE OF APPLICATION:	_		C. Munic D. Towns	ship K. Indian Tribe	rsity
⊠ Ne	w Continuation	Revision	E. Interst F. Interm	ate L. Individual Junicipal M. Profit Organiz	ration
				al District N. Other (Specif	
If Revision, enter appropriate lett	ter(s) in				a V Income Engage
1		rease Duration		APR 2	2 2002
D. Decrease Duration Ot	her (specify):				
			9. NAME OF	FEDERAL AGENCY:	
				STATE CLEAR	ING HOUSE
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANCE NUME	BER:		PTIVE TITLE OF APPLICANT'S F	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Fire	Department Equi	oment Purchase.
		1 6 6		0	
TITLE:					
12. AREAS AFFECTED BY PROJ	ECT <i>(Cities, Counties, State</i>	s, etc.)]		
1 61 101					
City of Parli	er				
13. PROPOSED PROJEC	T 14. CONGRESSIC	NAL DISTRICTS	OF:		
Start Date Ending Date	a. Applicant .	· · Calvin	b. Pro	pject	1 · N-la.
7/1/02/6/30/0	3 20世 Dis	trict - Calvin	4 3	20th District - C	Lalvin Dooley
15.	ESTIMATED FUNDING	G	- 1	S APPLICATION SUBJECT TO R	EVIEW BY STATE EXECUTIVE
	_			ORDER 12372 PROCESS?	
a. Federal	\$	30 250	.00	a. YES. THIS PREAPPLICATION	1
	<u> </u>	' .	00	AVAILABLE TO THE ST	FATE EXECUTIVE ORDER
b. Applicant	\$	24 750	.00	12372 11100233 10111	NEVIEW OIN.
			00	. 1	/
c. State	\$.00	DATE 4/19/	02
	.		00	- 	
d. Local	\$.00	b. NO PROGRAM IS NOT	COVERED BY E.O. 12372
					S NOT BEEN SELECTED BY
e. Other	\$.00	STATE FOR REVIE	
					-
f. Program Income	\$.00 17. 15	THE APPLICANT DELINQUENT	ON ANY FEDERAL DEBT?
				YES (Attach explanation)	No a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser
g. Total	\$ 12	55,000	.00		A Company of the Comp
10 TO THE BEST OF M	A KNOWI EDGE AND		Δ IN THIS	APPLICATION/PREAPP	LICATION ARE TRUE AND
LCORRECT. THE DOCUM	MENT HAS BEEN DUL	Y AUTHORIZED	BY THE C	SOVERNING BODY OF T	THE APPLICANT AND THE
APPLICANT WILL COMP	LY WITH THE ATTAC	CHED ASSURANC	CES IF THE	E ASSISTANCE IS AWAI	RDED.
a. Type Name of Authorized Rep	presentative	b. Title			c. Telephone Number
Kenneth I). Hubler		y Mai	nager	559-646-3545
d. Signature of Authorized Repre				. .	e. Date Signed /
100	201	Le_			4/18/02
					1 , / , - / -

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APP	LICAT	ION FOR	
	CDAL	ACCICTANCE	

FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier			
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	x Non-Construction						
Legal Name:	Valley Housing (Coalition	Organizational Unit:				
Address (give city, county, State,			Name and telephone	number of person to be contac	ted on matters involving		
45-701 Mon Indio, CA	roe Street, Suit 92201	te G	this application (give a	area code) F. Mealey (760) 3	47-3157		
6. EMPLOYER IDENTIFICATION 9 5 — 3 8 1 4	NUMBER (EIN): 8 9 8		7. TYPE OF APPLICA	ANT: (enter appropriate letter in H. Independent School Dist.	n box)		
8. TYPE OF APPLICATION:	F=1 0		B. County C. Municipal	State Controlled Institution Private University	of Higher Learning		
New		Revision	D. Township	K. Indian Tribe			
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual			
A. Increase Award B. Decr	ease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non-pr	ofit		
D. Decrease Duration Other(s			G. Special District N. Other (Specify) Non—profit developer				
			9. NAME OF FEDERA				
		the below to the same to the s	USDA/Rur	al Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. — 4 1 1 TITLE: Rural Self-Help Technical Assistance 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside County, CA; San Bernardino County, CA;				ruit and pro 200 low and uild their and sanitary			
Imperial County, CA		Journey, cri	housing usin	g the Mutual Self	Help method.		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		Sunday Report Courses School Courses			
Start Date Ending Date 08/01/02 07/31/04	a. Applicant		b. Project	APR 2 2 2002			
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY ST TATE CLEARING HOUSE OCESS?	TATE EXECUTIVE		
a. Federal	\$ 2 900 000	.00					
b. Applicant	2,800,000	,00	AVAILABLE	\PPLICATION/APPLICATION \ ETO THE STATE EXECUTIVE FOR REVIEW ON:			
c. State	\$ 140,000	.00					
d. Local	\$,00	b. No. PROGRA	M IS NOT COVERED BY E. C). 12372		
e. Other	\$,00	☐ OR PROG FOR REV	GRAM HAS NOT BEEN SELEC IEW	CTED BY STATE		
	\$	00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FE	DERAL DEBT?		
g. TOTAL	\$ 2,940,000	. 00		attach an explanation.	X No		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV	ERNING BODY OF THE					
a. Type Name of Authorized Repre	esentative	b. Title	70 o t c	c. Telephone Number			
John F. Meakey d. Signature of Authorized Representation	entative	Executive Di		(760) 347–3157 e. Date Signed))		
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						O.M.	D. 4	N. 0240.04	0.43	
APPLICATION		-	2. DATE SUBMITTEI	TED Applicant Identifier Applicant Identifier						
FEDERAL A	SSISTANCE									
1 TYPE OF SUBMISSION: Application ⊠ Construction	Preapplication ☐ Construction		3. DATE RECEIVED			te Application Identifier	OVE			
	☐ Non-Construction		4. DATE RECEIVED	BY FEDERAL AGENC		eral Identifier APR	9 2002	الا		
5. APPLICANT INFO	ORMATION									
Legal Name: City of Redding,	California				nicipal Agn	ATE CLEAR				
Address (give city, county, state, and zip code) 777 Cypress Avenue Redding, CA 96001 Shasta County				this application (g	ive area code) Dinger, Air	the person to be con		ters involving		
EMPLOYER IDENTIFIC	ATION NUMBER (EIN):	***************************************		7. TYPE OF APP	PLICANT: (ente	er appropriate letter	in box)	С		
9 4 - 6 0 0 0 4 0 1 8. TYPE OF APPLICATION:				A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal M. Profit Organization H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe E. Inderstate J. Individual F. Intermunicipal M. Profit Organization						
If Revision, enter approx	continuation oriate letter(s) in box(es):	∐ Revi	sion	G. Special Distric	et N. C	Other (Specify)				
A Increase Award D Decrease Duratio	B Decrease Award	C Incre	ease Duration							
				9. NAME OF FEI Federal Avia						
10. CATALOG OF FEDERA ASSISTANCE NUMBER ,TLE: Airport Improv Program (AIP)	vement 2 0]. [1	0 6	1. Reconstruct 2. Construct	uct Runway	PPLICANT'S PROJ y 12-30, Phase cility, Phase I v Costs				
City of Redding,	BY PROJECT (cities, coun Anderson and Red B Siskiyou, Modoc, an	luff; Cou	ınties of Shasta,	4. Emergene 5. Security 6 6. Access G 7. Security 1	cy Commun Cameras an ates Securit Fencing and	nication System nd Operations ty Modification d Well Abando Approach Prot	Center Mo ns onment/Cle	difications	S	
13. PROPOSED PROJ			L DISTRICTS OF							
	a. Applica 3/31/03 # 02	nt			b. Project #02					
15. ESTIMATED FUND		- 00	16. IS APPLICATION							
a. Federal	\$ 3,173,786			PREAPPLICATION, E EXECUTIVE ORD				<u>:</u>		
b. Applicant	\$ 0	.00								
c. State	\$ 0	.00		: 3/13/02						
d. Local	\$ 346,810	.00	b. NO	PROGRAM IS NOT	COVERED BY	E. O. 12372				
e. Other	\$ 0	.00		OR PROGRAM HAS			TE FOR REVIEV	<u> </u>		
f. Program income	\$ 0	.00	17. IS THE APPLICAN	I I DELINQUENT OI	N ANY FEDERA	AL DEBT?				
g. TOTAL	\$ 3,520,595	.00		, attach an explana			⊠ No			
18. TO THE BEST OF I	MY KNOWLEDGE AND BEL GOVERNING BODY OF TH	IEF, ALL DA E APPLICA	ATA IN THIS APPLICATI NT AND THE APPLICAN	ON ARE TRUE AND T WILL COMPLY W	O CORRECT, T (ITH THE ATTA	HE DOCUMENT H CHED ASSURANC	AS BEEN DULY SES IF THE AS:	Y SISTANCE IS		

AWARDED c. Telephone number

Typed Name of Authorized Representative ichael Warren Signature of Authorized Representative

b. Title **£**ity Manager

(530) 225-4060 e. Date Signed

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)			<u> </u>	MB Approval No. 0348-0043	
APPLICATION		2. DATE SUBMITTED M	arch 2002	Applicant Identifier		
FEDERAL A	SSISTANCE				BEIVEN	
1 TYPE OF **UBMISSION: **Application ***© Construction	Preapplication ☐ Construction	3. DATE RECEIVED			PR 19 2002	
☐ Non-Construction	☐ Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Mertifier		
5. APPLICANT INFO	PRMATION		Organizational U	STATE C	LEARING HOUSE	
City of Redding,	California		Benton Airp	ark		
Address (give city, coun 777 Cypress Aven Redding, CA 960 Shasta County	nue		this application (Dinger, Airports Mana		
8. TYPE OF APPLICAT	6 0 0 0 4	0 1	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipa	J. Private UniversityK. Indian TribeL. IndividualM. Profit Organizatio	School District Institution of Higher Learning	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration				ct N. Other (Specify)		
D Decrease Duration	n Other (specify)		Federal Avia	DERAL AGENCY ation Administration		
10. CATALOG OF FEDERA **SISTANCE NUMBER **LE: Airport Improv Program (AIP)	ement 2 0. 1	0 6		ve title of applicant's pr cing – Phase II	OJECT:	
City of Redding, A Tehama, Trinity, California	BY PROJECT (cities, counties, states, e Anderson and Red Bluff; Cou Siskiyou, Modoc, and Lassen;	nties of Shasta,				
13. PROPOSED PROJE	ECT 14. CONGRESSIONAL a. Applicant	DISTRICTS OF		b. Project		
4/01/02	3/31/03 #02			# 02		
a. Federal	\$ 255,000 .00	a. YES, THIS	PREAPPLICATION	EW BY STATE EXECUTIVE OR /APPLICATION WAS MADE AV ER 12372 PROCESS FOR REV	AILABLE TO THE	
b. Applicant	\$ 0.00					
c. State	\$ 12,750 .00	DATE	3/13/02			
d. Local	\$ 15,583 .00	b. NO	PROGRAM IS NOT	COVERED BY E. O. 12372		
e. Other	\$ 0.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program income	\$ 0.00	17. IS THE APPLICAN	T DELINQUENT C	N ANY FEDERAL DEBT?		
g. TOTAL	\$ 283,333 .00	-	, attach an explan		⊠ No	
AUTHORIZED BY THE (AWARDED	MY KNOWLEDGE AND BELIEF, ALL DA GOVERNING BODY OF THE APPLICAN				NCES IF THE ASSISTANCE IS	
a. Typed Name of Autho Michael Warren	prized Representative b. Title City Ma	nager			c. Telephone number (530) 225-4060	
d. Signature of Authorize	ed Representative	7			e. Date Signed	
1	Mill W	alle			19.802	

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APPLICATION FOR				Applicant Identifier	
FEDERAL ASSISTA		2. DATE SUBMITTED			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	BY STATE	State Application Iden	tifier
Application X Construction	Preapplication Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier	·
Non-Construction	Non-Construction	7, 57, 12			
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Woodville Publi	c Utility Distr	ict			
Address (give city, county, State	e, and zip code):				contacted on matters involving
P.O. Box 4567			this application (give a	rea code)	01606 0610
Woodville, CA	02250 /567		Ralph Gutie		9/686-9649
			James H. We	RIEV 33	9/732-7938
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA	Air . (Biller appropriate	
9 4 - 1 5 4	5 6 5 2		A. State	H. Independent Scho	ol Dist.
			B. County		ititution of Higher Learning
8. TYPE OF APPLICATION:		C nameters	C. Municipal	J. Private University	
X Ne	w Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate le	tter(s) in box(es)		E. Interstate	L. Individual	
II LICAIDION AND THE	_ ``		F. Intermunicipal	M. Profit Organization	1
A. Increase Award B. De	crease Award ©. Increa	se Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Othe	r(specify):			AL ACENOV.	
•	* *** *** *** *** *** *** *** *** ***		9. NAME OF FEDER	AL AGENCY:	
	•		TIOD 4 D 1	D1	
				Development	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE N	NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S	S PROJECT:
	•	10 - 766			
			Expansion	to District (Office
TITLE: Communi	Lty Facilities G	rant	-		PECEVEL
12. AREAS AFFECTED BY PF	(OJEC) (Cities, Counties, S	lales, elc.).			Them Lot bear V bear los
Woodville, Tula	are County				100 10000
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:			APR 1 9 2002
13. Phor 0025 / 110020					
Start Date Ending Date	a. Applicant		b. Project		STATE CLEARING HO
7/1/02 12/1/02	20th		20th		THE RESERVE OF THE PROPERTY OF
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIE	W BY STATE EXECUTIVE
•			ORDER 12372 PI	ROCESS?	
a Federal	\$			•	
	88	,000		APPLICATION/APPLIC	
b. Applicant	\$				CUTIVE ORDER 12372
		<u>,000</u> ∞	PROCESS	FOR REVIEW ON:	•
c. State	S	~	DATE A	pril 17, 2002	2
	 		- DATE -	-	-
d. Local		•	b. No. TI PROGR	AM IS NOT COVERED	BY E. O. 12372
e. Other	\$				N SELECTED BY STATE
o, Julio	,	1,000	FOR RE		
f. Program Income	s				,
rogium moonie	1	•	17. IS THE APPLICA	NT DELINQUENT ON	ANY FEDERAL DEBT?
g. TOTAL	S		· ·		
-	(=	,000	Yes IT Yes,"	attach an explanation	ı. <u>Б</u> NO
18. TO THE BEST OF MY KNO			ICATION/PREAPPLICA	TION ARE TRUE AND	CORRECT, THE
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE G	OVERNING BODY OF			
ATTACHED ASSURANCES I		ARDED.			
a. Type Name of Authorized Re	presentative	b. Title		c. Telephone Numbe	
Armando Lopez		Preside	ent	559/686-96	549
d. Signature of Authorized Rep	resentative			e. Date Signed	
armore	m			1 4-16-02	

APPLICATION FOR					OMB Appr	oval No. 0348-00
	UCE.	2. DATE SUBMITTED		Applicant I	dentifier	
FEDERAL ASSISTA	NCE	29 March 2002		1,7		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	/ STATE	State Appli	cation Identifier	
Application	Preapplication		•	, pp		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ide	entifier	
X Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION			T			
Legal Name:	ity Foundation		Organizational Unit:	or Dordor o	and Degional Econor	mia Studioa
San Diego State Univers Address (give city, county, State,					and Regional Econor erson to be contacted of	
Address (give city, county, State,	and zip codej.		this application (give a		croom to be contacted t	on manero myory
5250 Campanile Dr., Sar	n Diego, CA 92182		Kimberly Collins		-5510	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter a	appropriate letter in box	()
9 5 - 6 0 4 2	7 2 1					N
			A. State	•	ident School Dist.	inhaul agmina
8. TYPE OF APPLICATION:	<u> </u>	—	B. County C. Municipal	J. Private U	ntrolled Institution of H Jniversitv	igner Learning
X New	Continuation	Revision	D. Township	K. Indian T		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individua	al	
		J	F. Intermunicipal		rganization	un muofit
1	rease Award C. Increase	e Duration	G. Special District	N. Other (S	Specify) Private, no	m-prom
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY	′ :	
			Economic Develo	pment Adn	ninistration, Dept. of	Commerce
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF API	PLICANT'S PROJECT	:
			Arizona and Cal	lifornia Bo	order County Strate	ouv.
TITLE.	ι		Arizona and California Border County Strategy: Developing Solutions			
TITLE: 12. AREAS AFFECTED BY PRO	NECT (Cities Counties Sta	ates etc.)	T Developing Soit	1110115		1500
Border Counties in Califo	•	1103, 610./.			A CO C	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			APR 19	2002
					No.	
Start Date Ending Date 1 July 2002 30 June 2003	a. Applicant CA 52		b. Project CA 49, 5	50, 52; AZ	STATE CLEARING	3 HOUSE
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PF		TO REVIEW BY STAT	E EXECUTIVE
a. Federal	\$	150,000	V Vos THIS PRE	APPLICATIO	ON/APPLICATION WA	S MADE
b. Applicant \$ 55,556		55,556 ·	AVAILABLE		TATE EXECUTIVE OF	
c. State	\$.00		15 March		
			DATE			
d. Local	\$.00		*** 10 *10=	OOVEDED BY E. C	2070
e. Other	\$.00		GRAM HAS	COVERED BY E. O. 12 NOT BEEN SELECTE	
f. Program Income	\$	00	1			
	T	•	17. IS THE APPLICA	NT DELINQ	UENT ON ANY FEDE	RAL DEBT?
g. TOTAL	\$	205,556 ···	Yes If "Yes,"	attach an e	xplanation.	X No
18 TO THE BEST OF MY KNOW	VI EDGE AND BELIEF AL					

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

c. Telephone Number

d. Signature of Authorized Representative

e. Date Signed Standard Form 424 (Rev. 7-97)

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APPLICATION FOR				OMB Approval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION	Non-construction			
Legal Name:			Organizational Unit:	
INTERNATIONAL P	igri-center, I	He.		
Address (give city, county, State, 4450 South Las	and zip code): P: N & St.		Name and telephone this application (give a	number of person to be contacted on matters involv prea code) いたいして
tulare Countr	1 CA 93274-	· 95 <i>3</i> 9	559 688-1	751
6. EMPLOYER IDENTIFICATION				ANT: (enter appropriate letter in box)
			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:			C. Municipal	J. Private University
☑ New	Continuation	Revision	D. Township	K. Indian Tribe
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in revision, enter appropriate for	01(0) III D0X(00)		F. Intermunicipal	M. Profit Organization
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g. TOTAL	\$ 1.00	······································	4	attach an explanation.
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a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Gary 5ch ul Z		General	Manager	559 688-1751
d. Signature of Authorized Repre				e. Date Signed
Jan XIIIa	3			04/16/2002
100-1000				01 1 15 404 (D. 7.07)

Previous Edition Usable

Application for Federal Assistance

OMB Approval No. 0348-0043

Assistance		2. Date Submitted (mm	/dd/yyyy)	Applicant Identifier
1. Type of Submission Application Construction	on Pre-application ☐ Construction		ate (mm/dd/yyyy) ederal Agency (mm/dd/yyy	State Application Identifier y) Federal Identifier
Non-Construction			·	,,
5. Applicant Information				
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	International Agri-Cent	er, Inc		mber of the person to be contacted on matters involving this
Address (give city, coun 4450 S. Laspin Tualre, CA 93	na		application (give area co	de) Chulz C I V I D APR 1 9 2002
9 4 - 2 B. Type of Application: New If Revision, en A. Increase A	Continuation Revisement	sion	A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent Scho I. State Controlled Ins 9. Name of Federal Age	titution of Higher Learning
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13. Proposed Project		14. Congressional Districts o	f	
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15. Estimated Fund	ing			ubject to Review by State Executive
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b. Applicant	\$	500000 .00	State Execu	tive Order 12372 Fracess for review on.
c. State	\$	0.00	Date (mm/de	d/yyyy) 0 4 / 1 1 / 2 0 0 2
d. Local	\$	0.00	b. No Pro	gram is not covered by E.O. 12372
e. Other	\$	0.00	or Pro	gram has not been selected by State for review.
f. Program Income	\$	0.00	1	t Delinquent on Any Federal Debt? s," attach an explanation No
g. Total	\$	1000000 .00		the deciment has been duly
authorized by the	governing body of the ap	plicant and the applicant	ion/pre-application a will comply with the a	are true and correct, the document has been duly attached assurances if the assistance is awarded
a. Typed Name of Auth		b. Title	General Manager	c. Telephone Number (include Area Code) (5 5 9) 6 8 8 - 1 7 5 1
d. Signature of Authoriz	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	Ocheral Manager	e. Date Signed (mm/dd/yyyy) 0 1 / 1 6 / 2 0 0 2
Previous Edition Us Authorized for Local	able /			form SF-424 (7/97 Prescribed by OMR Circular A-100

TYPE OF SUBMISSION: Prespiciation Prespi	APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
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Lagon Community Services District Name and telephone number of person to be contacted on matters this application (give area code) James H. Wegley 559/732-7938	5 APPLICANT INFORMATION					
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I. Program income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 2. Type Name of Authorized Representative Fred Starkweather 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM. 2 No. 104,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 2 Type Name of Authorized Representative C. Telephone Number 559/923-4802	e. Other	S	.00	<u> </u>		CTED BY STATE
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM TOTAL 104,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Fred Starkweather 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Fred Starkweather President 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTOM OF THE APPLICANT ON ANY FEDERAL DEBTOM OF THE APPLICANT ON ANY FEDERAL DEBTOM OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCE IS AWARDED. 559/923-4802				FOR REV	/IEW	
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title C. Telephone Number 559/923-4802	g. TOTAL	1 1		Yes If "Yes,"	attach an explanation.	X No
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title C. Telephone Number 559/923-4802	10 TO THE DEST OF MY WOO		DATA DI TINA		-	
a. Type Name of Authorized Representative C. Telephone Number Fred Starkweather President 559/923-4802						
a. Type Name of Authorized Representative b. Title c. Telephone Number Fred Starkweather President 559/923-4802				E APPLICANT AND TH	TE APPLICANT WILL COMP	LT WIIN INE
Fred Starkweather President 559/923-4802					c Telephone Number	
Tica Beatzment				nt		
d. Signature of Authorized Representative			// //		a Data Signed	
The west 4-17-02	- Signature of Hamiltoniana Hepite.	JU.	Varille	The state of the s	4-17.	02

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUI	BMITTED 4/9/20	92	Applicant Identifier 00149 861	
1. TYPE OF SUBMISSION: Application Preapplication	3. DATE RE	CEIVED BY ST	ATE	State Application Identifier 425-1333 3	
Construction Construction Non-Construction Non-Construction	4. DATE RE	CEIVED BY FE	DERAL AGENCY	Federal Identifier 95-4589854	
5. APPLICANT INFORMATION					
Legal Name: Juanita Dean		Organizational 1	Unit: Dean's Family Ch	nild Care	
Address (give city, county, state, and zip code): 10350 Anzac Avenue Los Angeles, CA 90002	Name and telephone number of the person to be contacted on matters involving this application (give area code) Juanita Dean (323)249-7132				
6. EMPLOYER IDENTIFICATION NUMBER (EIN)	senesi Sammosangsasi	7. TYPE OF AF	PLICANT:		
9 5 4 5 8 9 2	5	(enter appropri	ate letter in box)		
4 Jacobson and the state of the		A. State B. County C. Muncipal D. Township E. Interstate F. Intermunicit G. Special Dist H. Independen Dist.	Learning J. Private Ur K. Indian Tr L. Individual M. Profit Or triet N. Other (Sp	ibe 1 ganization	
8. TYPE OF APPLICATION:		9. NAME OF F. FSA	EDERAL AGENCY:		
New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award D. Decrease Duration B. Decrease Award Other (specify): C. Increase Duration		PECELV APR 17	2002		
10. CATALOG OF FEDERAL DOMESTIC ASSISTA NUMBER: 1 0 4 0 4	NCE	STATE SLEARING HOUSE 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Morgage Pay-off of business and restoration			
TITLE: Emergency Loan					
12. AREAS AFFECTED BY PROJECT (cities, counties)	es, states, etc.):				
cities, counties					
13. 14. CONGRESSIONAL DISTRICTS OF PROPOSED PROJECT:	7.				
Start End a Applicant		b. Proje		nakahannan persadakan di arika dari sebangan di darik darik dari dari dari dari dari dari dari dari	
Date Date 37 May Oct 1, 1, 2002 2002		37,25,3	0,33		
15. ESTIMATED FUNDING:			TO REVIEW BY STAT	E EXECUTIVE ORDER	
a. Federal \$ 165000	12372 PROCESS a. This prea		cation was made available	e to the state executive order	
b. Applicant \$ 2000	ocess for review				
c. State \$ 20000	b. No. Pro	ogram is not cove	ered by E.O. 12372		
d. Local \$ 0	X Or	program has not	been selected by state for	review	
e. Other \$0					
f. Program Income \$ 2000	17. IS THE APP	LICANT DELIN	IQUENT ON ANY FEDE	ERAL DEBT?	

g. TOTAL	\$ 189000	Yes If "Yes," at	tach an explanation.	▼ No
CORRECT, TH	E DOCUMENT HAS BE	GE AND BELIEF, ALL DATA IN EN DULY AUTHORIZED BY THE E ATTACHED ASSURANCES I	E GOVERNING BODY	PREAPPLICATION ARE TRUE AND OF THE APPLICANT AND THE SAWARDED
a. Name of Auth Juanita Dean	norized Representative	_	b. Title Care Províder	c. Telephone number (323)249-7132
Juanita Dean	norized Representative Authorized Representative	Dean		

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Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

Return to Application Forms

APPLICATION FOR				, OMB Approval No. 03	48-004
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL ASSISTA	101	April 16,	2002		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
<u>Ap</u> plication	Preapplication	4. DATE RECEIVED BY	(EEDERA) AGENCY	Federal Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	rederal identifier	
X Non-Construction 5. APPLICANT INFORMATION	Non-Construction		e"		
Lenal Name			Organizational Unit:	nager's Office	
City of Mu				number of person to be contacted on matters	involvin
Address (give city, county, State,	and zip code):		this application (give a		
26442 · Beck	man Court		Al Vollbred		
Murrieta,					
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
33-0468	9 7 5		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B, County	I. State Controlled Institution of Higher Learn	ning
New	Continuation	Revision	C. Municipal	J. Private University	
		-	D. Township	K. Indian Tribe L. Individual	
If Revision, enter appropriate lett	er(s) in box(es)] [_]	E. Interstate F. Internunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	se Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(
		1	9. NAME OF FEDER		٠.
		and the same of th	Environmen	tal Protection Agency	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
*		66-606	Original M	urrieta Wastewater	,
Surveys, Studies	Special Purpose	ــــــــــــــــــــــــــــــــــــــ	Planning &	Construction Project	
12. AREAS AFFECTED BY PRO	Special rulpos	tates etc.):			i de la companya de l
City of Murrieta	a original down	town area	<u> </u>		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF: Cali	fornia 43rd		
Start Date Ending Date	a. Applicant		b. Project		
	from start dat	e ·			
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECU	TIVE
			ORDER 12372 P	ROCESS?	•
a. Federal	\$	96,800 ()	A VEG THIS PRE	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$		AVAILABL	E TO THE STATE EXECUTIVE ORDER 123	72
D. Applicant	and the second s	79,200	PROCESS	FOR REVIEW ON:	
c. Stad	[sVE]	.00	DATE 4	-16-02	
d. Local	s	·/ .00	1	- ·	•
	7 s 2002		b. No. PHOGR	AM IS NOT COVERED BY E. O. 12372	ATE
e. Other AFT	/ s ²⁰⁰²	,00	FOR RE	GRAM HAS NOT BEEN SELECTED BY STA VIEW	
1. Program Income	\$ 1101105	œ	17 10 THE 100 HO	ANT DELINQUENT ON ANY FEDERAL DEB	T 7
	ING HOUSE	00	_	****	
g. TOTAL IAIL OLLING	D	176,000			0
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, A	LE DATA IN THIS APPLI	CATIONPREAPPLICA	TION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY	Y AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE	,
ATTACHED ASSURANCES IF		ARDED.		c. Telephone Number	
a. Type Name of Authorized Re		City Mana	ager	909-461-6003	
Stephen N. Mand d. Signalure of Authorized Repr	esentative / /	1		e. Date Signed 4-16-02	
x tepen	/ Ladel M			Standard Sorm 424 (Ray 7-97)	

Previous Edilion Usable

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e. Date Signed 4-16-02 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR				• •	oval No. 0348-0043	
FEDERAL ASSISTAI	NCE	2. DATE SUBMITTED		Applicant Identifier		
		4/15/02				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
<u>Application</u>	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
	Non-Construction			L		
APPLICANT INFORMATION			Organizational Unit:			
egal Name: The Bay	Institute			l Education		
Address (give city, county, State,			Name and telephone	number of person to be contacted	on matters involving	
500 Palm Driv			this application (give a			
	•		Crant Day	vis, (415) 506-0	150	
Novato, CA 94			l			
S. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in bo.		
94-2717	7 0 0 1		A. State	H. Independent School Dist.	N	
. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of H	igher Learning	
		the state of the s	C. Municipal	J. Private University	ignor Louising	
∑ Nev	v Continuation	(Hevision)	D. Township K. Indian Tribe			
f Revision, enter appropriate lett	er(s) in box(es)	1 [E'. Interstate	L. Individual		
· ···· · · · · · · · · · · · · · · · ·	A	PR 1 7 2002	F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify) non-p	TOTIL	
D. Decrease Duration Other						
	DIAIL	CLEARING HOUSE	1			
			NOAA Nati	onal Marine Fish	eries Se t v.	
				TI - 05 ADDI 10 ANTIO DDO 1503		
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		1 1 -4 6 3		and Teachers Re		
TITLE: Habitat Conservation			A Watershed (STRAW): Miller and			
12. AREAS AFFECTED BY PR			Walker Cr	eeks		
	·	•				
Marin County,	CA					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project			
10/1/02/9/30/03	3 6th		6th			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 P	ROCESS?]	
a. Federal	\$ 4	16 , 053 ^{.∞}	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	**************************************	C MADE	
		00	-	APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372		
o. Applicant	 \$	23 , 082	1	S FOR REVIEW ON:	HUEN 120/2	
c. State	\$.00	1			
o, State	*	•	DATE	4/15/02		
d. Local	\$	7 056	1			
		7,956		IAM IS NOT COVERED BY E.O. 1		
e. Other	\$ 1.5 660 .00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE			
	1	5 , 668	FOR RE	VIEW		
f. Program Income	\$.00				
		00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDE	:HAL DEBT?	
g. TOTAL	\$	92 , 756	Yes If "Yes,"	attach an explanation.	⊠ No	
A TO THE DEAT OF IN 1910			CATION/DDE ADDITION	TION ARE TRUE AND CORRECT	r THE	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AI	OVERNING BODY OF TH	LA LICIMPREAPPLICA LE APPLICANT AND T	THE APPLICANT WILL COMPLY	WITH THE	
ATTACHED ASSURANCES IF			IM AFF MOMITI AND I	IIIE ALL EIGANT WILL GOME EL		
a. Type Name of Authorized Re		b. Title		c. Telephone Number		
Grant Davis	F24	Executive	Director	(415) 506-0150	<u> </u>	
d Signature of Authorized Repr	esentative			e. Date Signed		

04/16/2002 09:21	L 415-499-3 <u>060</u>		BOARD OF SUPE	RVISORS	PAGE 01/0		
) (o: Grats	Coordina	tor 911	RVISORS 445-06	oroval No. 0348-0043		
PPLICATION FOR				ONBA	10Vai 140. 0348-0043		
EDERAL ASSISTA		2. DATE SUBMITTED	_	Applicant Identifier			
		April 15	2002 Y STATE	State Application Identifier			
TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED D		FEE			
Application Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal dentifier E In E	U V B		
Non-Construction	Non-Construction			1 1 2			
APPLICANT INFORMATIO			Organizational Unit:	APR 1	6 2002		
San Geronimo	Valley Planni	ng Group		number of person to be contacte	.		
ddress (give city, county, Sta	te, and zip coda):		this application (give a	Jall			
P.O. Box 256 Woodacre, CA	94973			SIAIE CLEA	ARING HOUS		
EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in l	(XOX)		
	NA NA		A. State	H. Independent School Dist.	-		
TYPE OF APPLICATION:			B. County	State Controlled Institution of	Higher Learning		
<u>⊠</u> N	ew Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe			
Revision, enter appropriate l	letter(s) in boxfes)	7	E. Interstate	L. Individual	'		
	h		F. intermunicipal G. Special District	I NOD-DIGITAL			
phonon comment of the contract	CO. Cabe a. a	ase Duration 	G. Spedili District	14. Outs, (open.3)			
D. Decrea de Doratique Offi	"E"VED	7	9. NAME OF FEDER	٥			
Hay-			NOAA/NMES				
O. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:		TTLE OF APPLICANT'S PROJE			
THETATEOL	par A Ph. Li. Line	111-46	Woodacre and Resto	Creek Culvert I oration Project	(emoval		
Marin County	California	States, etc.):					
13. PROPOSED PROJECT		DISTRICTS OF:		1			
13. PROPOSED PROJECT	Congresswo	oman Lynn Wo	olsey, Dist	rict o			
Start Date Ending Date	a. Applicant	Blanning	b. Project Gran Woodac	re Creek Restor	ation		
6/2003 10/200	03 San Geronii	no Flanning	16. IS APPLICATIO	N SUBJECT TO REVIEW BY 3	TATE EXECUTIVE		
16. ESTIMATED FUNDING:			ORDER 12372				
a. Federal	\$ 73,000	.00	A VER THIS PR	EAPPLICATION/APPLICATION	WAS MADE		
b. Applicant	\$.00	AVAILAB	LE TO THE STATE EXECUTIVE	ORDER 12372		
n' whiteerite	12,500	00	PROCES	S FOR REVIEW ON:	-		
c. State	\$ 36,000	·	DATE 4	/15/02			
d. Local	\$ 25,000	.86	h No. IT PROG	RAM IS NOT COVERED BY E. (D. 12372		
e. Other	\$ 244,720	,00	☐ OR PR	OGRAM HAS NOT BEEN SELE EVIEW	CTED BY STATE		
f. Program, Income	\$,00	AT IO THE ADD TO	CANT DELINQUENT ON ANY FE	DERAL DEBT?		
TOTAL .	\$," attach an explanation.	₩ No		
g. TOTAL	201 250	•	1				
18. TO THE BEST OF MY	CHAIR EGAS AND BELIEF	ALL DATA IN THIS APP	LICATION/PREAPPLIC	CATION ARE TRUE AND CORR	EV WITH THE		
DOCUMENT HAS BEEN D	ULY AUTHORIZED BY THE S IF THE ASSISTANCE IS	E GOVERNING BODY OF AWARDED.	THE APPLICANT AND	THE AFFEIGART WILL COM			
a Type Name of Authorized	Representative	b. Title	eak Committ	c. Telephone Number 324	. 6		
Liza Cros	se	Unair, Gr	eek committee	e. Date Signed			
d. Signature of Authorized F	Representative				24 (D 7 AT)		
Previous Edition Useble				Standard Form 42 Prescribed by OM	:4 (Rev. 7-97) B Circular A-102		
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